

Safeguarding Children Annual Report 2022/23

Title	Safeguarding Children Annual Report 2022/23
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Summary :	<p> This report provides the Trust Board with an update on the Safeguarding Children and Young People agenda over the last twelve months. </p> <p> The paper provides an outline to: </p> <ul style="list-style-type: none"> • The background • The Governance Arrangements • Developing Capacity and Capability • Policies and Procedures • Training • Supervision • Audit • Partnership Working • The Work plan for 2023/24

Safeguarding Children Annual Report 2022/2023

1. BACKGROUND

The Children Act (1989 and 2004) and Working Together to Safeguard Children (2018) specify that the Trust Board has a legal responsibility to safeguard and promote the welfare of children and young people.

The purpose of this paper is to update the Trust Board, Local Safeguarding Children's Partnership and the Clinical Commissioning Groups on the work of the Safeguarding Children and Young People team so that both the Partnership and Commissioners can be assured that processes and procedures remain in place to ensure the safety and welfare of children and young people at Chelsea and Westminster NHS Foundation Trust (Chelsea and Westminster Hospital and West Middlesex University Hospital sites).

All staff within the organisation has a statutory responsibility to safeguard and protect all children and families who access our care. Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes (Working Together To Safeguard Children, 2018)

2. GOVERNANCE ARRANGEMENTS FOR SAFEGUARDING CHILDREN & YOUNG PEOPLE

2.1 Executive Leadership

Executive Leadership is provided by the Deputy Chief Nurse at Executive level and Chief Nursing Officer at Board level.

2.2 Supporting infrastructure:

The Deputy Chief Nurse ensures that:

- All aspects of Safeguarding Children and Young People are reported to the Local Safeguarding Children Partnership
- Is represented by consistent senior team members at the 3 Local Safeguarding Children's Partnerships (LSCP)
- Chairs the multi-professional Safeguarding Children and Young People quarterly meeting within the organisation.

Named Individuals for Safeguarding Children & Young People

The organisation continues to work to a set of protocols governing the safety of children: "Working Together To Safeguard Children" 2018. This guidance clearly outlines the expectations from partner agencies in relation to safeguarding children and as a result, the Trust has a well-established and dedicated team of clinicians (Named Professionals) on each site:

- Dr Anne Davies Paediatric Consultant (West Middlesex Hospital), Dr Paul Hargreaves Paediatric Consultant (Chelsea & Westminster Hospital) - Named Doctors.

- Daisy Dholoo (West Middlesex Hospital) and Faye Mitchison (Chelsea & Westminster Hospital) -Named Nurses with the remit for strategic development, policy and training, providing support and advice for staff.
- Sarah Green – Consultant Midwife Safeguarding and Public Health (cross site),
- Anna Walther (West Middlesex Hospital) and Wendy Allen (Chelsea & Westminster Hospital) – Safeguarding specialist midwives who lead/support midwives with operational case management, have safeguarding oversight of cases and deliver training with a maternity focus.
- Lotus Resol – Safeguarding and Child Death Nurse (cross site). Role is link and key worker for bereaved families. Supports staff on child Death process, training, data keeping and coordinating with the Child Death Review Team for Joint Agency Response (JAR) and Child Death Review Meetings (CDRM).
- Dr Hester Yorke- Child Death Medical Lead- ensuring compliance with local policies/guidelines and the Pan London Child Death Review Team for Joint Agency Response (JAR) and Child Death Review Meetings (CDRM)

The Named Professionals continue to be instrumental in developing and implementing policy at local and strategic level. They are responsible for case management investigations and Case Reviews as determined by the ‘Working Together to Safeguard Children (2018)’ guidance.

Access to child protection advice for Trust employees is on a 24hr basis ensuring appropriate support and guidance is available via resident, non-resident Paediatric Consultants and 24/7 Senior Paediatric Nurse and Midwifery Cover who cover both acute sites.

The named professionals are now meeting regularly with the West London Childrens Hospital Safeguarding Team, this is valuable in ensuring that we are all standardizing our approach to safeguarding children.

2.3 Organisational Principals:

The Trust’s Human Resource Department governs safe recruitment practices. All staff newly employed and those in substantive posts are subject to:

- Pre-employment checks: Disclosure and Barring Service (DBS) checks at enhanced level. This includes contractors and volunteers working on site.
- To provide quality assurance staff files are checked periodically by HR.
- There is a mandatory safeguarding training plan in place for Trust employees with compliance monitored electronically.
- All staff complete online training at level 1, clinical staff complete online training level 2.
- Identified appropriate staff receive face to face level 3 training; this is delivered by the safeguarding team with input from multi-agency professionals.
- Access to Level 3 via Teams and e-learning for health is available for staff and has continued to provide mandatory training sessions. In addition the named professionals provided bespoke Safeguarding Level 3 face to face training and also via teams.

In line with the “Safeguarding Children and Young People: Roles and Competences for Health Care Staff” Intercollegiate Document (2019) the team work towards a “Think Family” Approach which covers Children at Level 3 and Adults at Level 2.

3. External Scrutiny for Safeguarding Practices.

The organisation participates in external audits, this is to ensure that practice and processes are in line with national standards.

The safeguarding team have completed a Section 11 Audit in July, this was requested by the Hounslow safeguarding children Partnership.

3.1 Section 11 - Children Act 2004

At previous reviews and self-assessments the Trust has been commended for the emphasis and importance put on multidisciplinary working to support the safeguarding function. The organisation continues to build on these standards and reassure the Board with the measures outlined below.

3.2 Assurance measures to support Trust Board confidence.

<p>Board Assurance Measure</p> <p>Trust Boards have been asked 'as a minimum' to assure themselves that:</p>	<p>Organisation rating against S11 standards.</p>
<p>1. There is senior management commitment to the importance of safeguarding and promoting children's welfare.</p>	<ul style="list-style-type: none"> • The Chief Nursing Officer is the Trust Board Executive Director for Safeguarding. The Deputy Chief Nurse is the executive lead. • The Board receives an Annual Safeguarding Report. • The Trust Safeguarding meetings are held across sites face to face and / or using video conference. • Trust wide training compliance is reported and reviewed by the Trust Quality Committee and quarterly safeguarding meeting. • There are quarterly joint adult and children's safeguarding meetings
<p>2. A clear statement of the Trusts responsibilities towards children is available to staff</p>	<ul style="list-style-type: none"> • The Safeguarding children policy is available for all staff via the intranet this is reviewed regularly. • Details of the safeguarding team are available via the intranet • All staff receives level 1 training as part of the induction process. • Safeguarding Training records are monitored via Qlikview across both sites. • Audits are presented both internally and externally as part of the annual program. • Commissioning agreements include monitoring of Section 11 responsibilities. • There is a robust complaints process in place.
<p>3. There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare</p>	<ul style="list-style-type: none"> • The Chief Nursing Officer is the Trust Board Executive Director for Safeguarding. The Deputy Chief Nurse, reporting to the Chief Nursing Officer, is the executive lead for safeguarding

	<ul style="list-style-type: none"> • There is a Named Doctor, Named Nurse on each site. There is a specialist safeguarding midwife who works on each site and the Named Midwife works across site as part of the Consultant Public Health and Safeguarding Midwife role. • Named Professional safeguarding responsibilities are included in the job descriptions. • Details of the named professionals can be accessed by staff via the intranet. • Clear lines of accountability are displayed within the safeguarding policy. • Supervision is available for all staff working with vulnerable families on a regular basis.
<p>4. Service Developments take into account the need to safeguard and promote welfare and is informed, where appropriate by the views of children and families.</p>	<ul style="list-style-type: none"> • All service developments incorporate the appropriate risk assessment for safeguarding. • Play specialists and art therapists are available to help children communicate their thoughts and concerns to health professionals. • There is a safeguarding/ socially complex midwife within each community midwife team who care for/ have oversight of women and families with socially complex/ safeguarding concerns. There is a peri-natal mental health midwife on each site. • A Perinatal Mental Health Hub is now available in NWL (North West London) which consists of midwives and psychologists providing additional psychological support for women who have suffered Birth Trauma, pregnancy loss and any on-going mental health concerns during pregnancy/ following birth.
<p>5. Training on safeguarding children is in place for all staff in contact with children.</p>	<ul style="list-style-type: none"> • There is a training plan in place to ensure that all staff meet the minimum standards required by the intercollegiate guidelines. • In line with the “Safeguarding Children and Young People: Roles and Competences for Health Care Staff”, Intercollegiate Document (2019) The team now work towards a “Think Family Approach” which covers Children Level 3 and Adults at level 2. • Training is integral to the induction process for all new staff.

	<ul style="list-style-type: none"> • All training is recorded electronically and provides a robust audit trail. • Level 1 and 2 training is available via e-learning for staff however, face to face and target training is also delivered. • Access to Level 3 Teams and e-learning for health training is available to staff and has continued to be accessed during mandatory training sessions. • In addition, the named professionals provide bespoke Safeguarding Level 3 training face to face and via Teams. Staff can also access safeguarding children training in relevant topics via Local Safeguarding Children Partnership’. • Diversity is included as part of the training for staff. • Training includes the key competencies from the recommendations in the Intercollegiate document, this includes PREVENT, CSE (child sexual exploitation), FGM (female genital mutilation), Domestic Abuse, Modern Slavery, Trafficking and Gang Related crime.
<p>6. Safer recruitment procedures including vetting procedures and those for managing allegations are in place.</p>	<ul style="list-style-type: none"> • Safer recruitment is in line with statutory guidance. • Disclosure and Barring/DBS checks and references are taken up prior to job offer. • A recruitment training programme is in place for all managers. • Quality assurance processes are in place to check staff files. • Named professionals share responsibility for reporting staff allegations to the Local Authority Designated Officer (LADO).
<p>7. Effective interagency working is in place</p>	<ul style="list-style-type: none"> • Multi-agency working is evident across the trust. • The team have worked alongside the IT team and practitioners now complete referrals to children social care via our electronic patient record system Cerner • Vulnerable children attending ED are referred directly to children’s social care (CSC) when a safeguarding risk is identified. • Hounslow Children Social Care, Richmond and Twickenham Children Social Care, Kensington and Chelsea Children Social Care and the Multi-Agency Safeguarding Hubs (MASH) work in collaboration with the Trust as well as

	<p>the Child Abuse Investigation Team (Police) and other safeguarding partners.</p> <ul style="list-style-type: none"> • The Trust’s internal policies are developed in conjunction with other agencies. • Multi-agency meetings are in place • A monthly multi- agency meeting takes place across both paediatrics and maternity on both sites in order for staff to come and present cases with the multi-agency partners
8. There is effective information sharing.	<ul style="list-style-type: none"> • There is a governance protocol in place for sharing information around child protection complying with the GDPR legislation. • Training is given around sharing information and confidentiality. • The Child Protection Information System is in place and has been embedded into the Electronic system of CERNER • The identification of FGM (female genital mutilation) is embedded within the Trust and linked to the NHS Summary Care Record.

Training figures:

	Level 1	Level 2	Level 3	Level 4
Safeguarding Children	94%	93%	93%	100%

It has been a challenge throughout 2022/23 in ensuring that our training figures have been above 90%. The safeguarding team have delivered monthly safeguarding children L3 training sessions which have enabled many more staff to access and achieve compliance.

3.3 Internal & External Audits

The safeguarding team participate in external audits when requested and also conduct internal audits at regular intervals.

Completed audits are presented internally to the wider team but also externally to the Local Safeguarding Children Partnership sub-groups.

The organisation participates in external partner practice reviews when requested and will attend learning events which in turn improves practice. The learning is shared internally with practitioners via newsletters and meetings.

National Practice Reviews are discussed at meetings and learning is cascaded within the organisation.

There is a Safeguarding internal audit plan that is updated yearly based on previous learning from any incidents, complaints, surveys, IMR’s, Practice Reviews’ and the audit results shared with the wider team through Clinical Governance forums.

This programme of audits for 2022/23 was agreed by the safeguarding team. The team were able to complete a range of audits of areas of safeguarding practice. As well as internal audits, the team comply with all audits requested by the Local Safeguarding Children Partnership sub groups.

The safeguarding team continue to:

- Evaluate and explore the effectiveness of organisational working to safeguard and promote the welfare of children, young person and adults.
- Identify practical steps for improving outcomes for children and families.
- Ensure Individual provider/professional involvement in the safeguarding process, with particular reference to themes that have emerged from a range of Individual Management reviews (IMR) and Practice Reviews for children.

A clinical governance meeting takes place within the paediatric team which is attended by Consultants and Senior Nurses where clinical/safeguarding issues are raised. This is also a forum where audits and re-audits are presented. The audits are also presented to the internal safeguarding steering group and as requested externally to the Local Safeguarding Children's Partnership Monitoring and Evaluation Sub Group.

There is a monthly morbidity and mortality meeting for general paediatric cases and a combined obstetric and paediatric meeting for cases. This is a forum where cases are discussed, reviewed and critiqued; it ensures that practice is always of a high standard in the Trust and safeguarding concerns have not been missed.

The Team are also providing peer supervision on a monthly basis to consultant paediatricians, and junior medical staff, complex cases are presented by the practitioners involved in a particular case and reflection/discussion on how the case was managed is conversed, a newsletter is then shared within the paediatric team.

4. Safeguarding Governance Processes

4.1 Psycho-social meetings

Information sharing is a basic tenet in Working Together 2018. Constraints in systems and processes for accessing and sharing information between agencies are noted in national and local reviews. Lack of appropriate and timely sharing of information (particularly about siblings, domestic abuse, substance misuse and mental health concerns) means that the nature of risk to the child is not always recognised or acted upon. As a result, agencies act in isolation on the basis of known but incomplete information, therefore the Named Nurse for paediatrics and the Specialist midwives for maternity chair the meetings which continue to take place in the emergency departments, paediatric wards, maternity, NICU/SCBU (neonatal intensive care unit/ Special care baby unit) and sexual health departments across both sites.

These meetings involve members of the multi professional teams including ED staff, paediatric nurses, doctors, ward teachers, liaison health visitors, midwives, CAMHS (child & adolescent mental health) nurses and children's social workers from neighbouring boroughs. A member of the safeguarding team also attends the paediatric handover and/or visits the ward and ED each morning to ensure that safeguarding issues are identified and processes are followed.

4.2 Maternity – Socially Complex and Vulnerable Families

There are monthly multi- agency meetings at West Middlesex Hospital and Chelsea & Westminster Hospital which are chaired by the Safeguarding Specialist Midwives and include

representation from Children's Services, perinatal mental health midwife, team leader of the young mother's group, and safeguarding health visitors. The remit of the group is to review safeguarding/ socially complex cases, provide safeguarding supervision, and act as a safety net to ensure good information sharing and planning is in place.

In addition, the safeguarding midwives and perinatal Mental Health midwife attend the Hounslow social care meeting to discuss new referrals. They also attend the meeting with the Perinatal Mental Health liaison / psych teams to ensure plans have been put in place for women and families. The consultant midwife has been working with the Early Help lead in the different boroughs to try and improve links and therefore referrals into these services.

Consultant Midwife Safeguarding and Public Health is currently Co- chair of the National Maternity Safeguarding Network and is also a safeguarding advisor to the Chief Midwives Office at NHSE.

Within the last year at West Middlesex site the River Midwives have been established. They provide continuity of care for families with social complexities and safeguarding concerns in the Ante Natal period and targeted in the Postnatal Period. They work very closely with the community midwives and external multi agency teams. This has ensured that robust care planning and early intervention has been put in place at the earliest opportunity. In the last year they have cared for 255 women

4.3 MARAC (Multi Agency Risk Assessment Committee)

This group is led by the Police and has multi- agency representation.

The aim is to:

- Share information to increase the safety, health and well-being of victims/survivors - adults and their children;
- Determine whether the alleged perpetrator poses a significant risk to any particular individual or to the general community;
- Construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm;
- Reduce repeat victimisation;
- Improve agency accountability; and
- Improve support for staff involved in high-risk domestic abuse cases.

The Trust, across both sites, have moved to a single point of referral for MARAC. This negates the need to have different forms for different boroughs. All our referrals are sent to the MARAC Team at Standing Together who will in turn forward them on to the respective boroughs.

Four Independent Domestic Violence Advisors (IDVAs) are based within the Trust on both hospital sites. They are based in maternity services and ED and provide advice, support and guidance for staff as well as providing support for victims of Domestic Abuse (patients and staff). There is a new LGBTQ+ IDVA working within the Trust providing support the community. This service is provided through Victim Support and Standing Together against Domestic Violence. The IDVA's work closely with the Safeguarding Team, Domestic Abuse Links and the Trust Domestic Abuse Co- coordinator. Sexual Health Consultant provides medical leadership for the Domestic Abuse service. The Domestic Abuse Coordinator works across all sites which has meant an increase in additional training for staff to become Domestic Abuse Links (DALs) and thereby further increasing awareness, identification and support for staff and their families. In addition, within the Trust support is offered to staff experiencing domestic abuse, which includes accommodation if the staff member feels they would like to leave the abusive relationship.

4.4 A quarterly clinical governance meeting takes place within the paediatric and maternity teams which is attended by all the staff where learning is shared from case reviews, incident reviews and any other learning from the LSCP's. These are also incorporated into the training. There is a regular morbidity and mortality meeting for general paediatric cases/adult and a combined obstetric and paediatric/neonatal meeting for cases. This is a forum where complex cases are discussed, reviewed and critiqued; it ensures that practice is always of a high standard in the Trust and safeguarding concerns have not been missed.

4.5 Accident & Emergency Interface

A member of the safeguarding team attends ED on a regular basis to ensure that any issues regarding safeguarding children and families are discussed and referrals are made appropriately, this also includes making contact in the private sectors. In addition to this there is an established Trust wide electronic data base which captures all referrals made by clinicians to Children's Social Care which are regularly reviewed and the data base up-dated accordingly.

Each child, who attends the organisation is routinely checked to see if they are 'subject to a Child Protection Plan' or Child in Need plan this is completed by the CP-IS IT flagging system.

The ED department has dedicated Consultant Paediatricians and a safeguarding nurse link role that are based in both Paediatric EDs. This further ensures that children and young people are safeguarded and processes are followed. Safeguarding Links from the Adult ED department attend the psychosocial meetings and link in with the safeguarding team which has enhanced safeguarding oversight and whilst embedding a Think family approach.

Both sites have an on-site Child and Adolescent Mental Health Services (CAMHS) which is supported by mental health liaison Nurses Mon – Fri 9-5, and also an out of hours psychiatric liaison crisis services. There is also a 7 day service of a Lead Nurse & Deputy Lead Nurse for Mental Health across both sites.

The aim of this service is to:-

Ensure children and young people (0 – 18th birthday) are assessed by a trained and qualified CAMHS professional when presenting to ED with mental health concerns. Once the assessment is completed the child/young person is either admitted onto the paediatric ward for on-going intervention or discharged with a follow up plan in the community with the crisis teams.

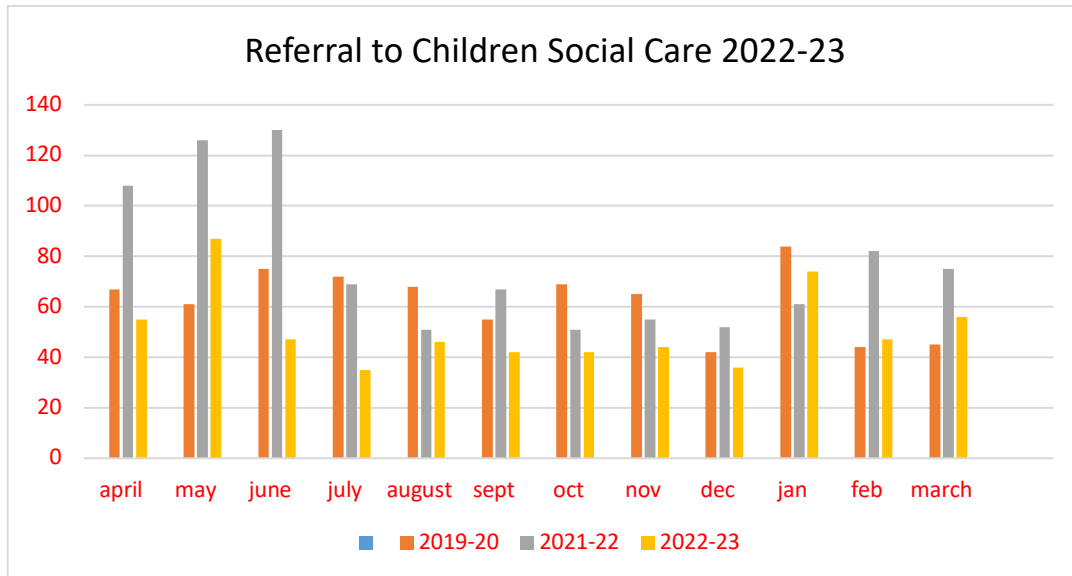
4.6 Referrals to Children's Social Care

Referrals to Children's Social Care and CAMHS across the organisation remains fairly static year on year. However, the safeguarding team have noticed that some cases that are presenting now are more complex and are requiring a more comprehensive approach from the multi-agency teams.

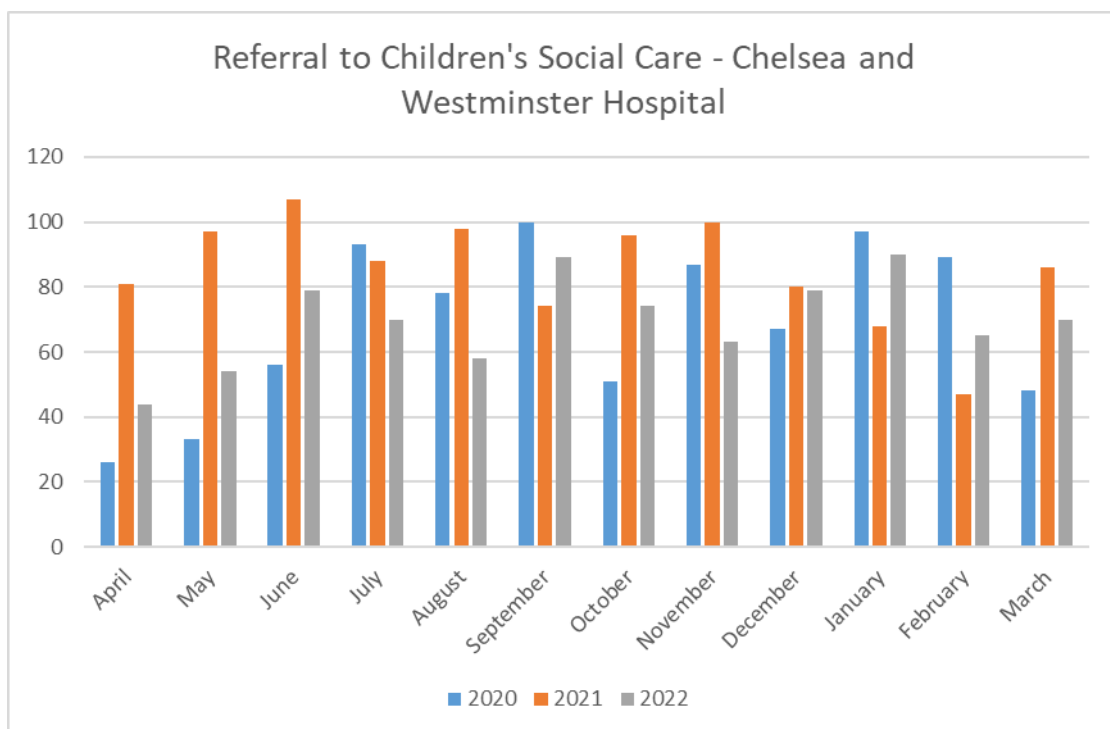
A number of referrals made to Children Social Care related to adults whom had presented to the organisation, practitioners needed to assess potential risks to children/young people that were living in the same household.

The safeguarding team have been working closely with IT team and colleagues within West London Children Hospital. Referrals to Children's Social Care are now made via Cerner by practitioners and will automatically be sent to the appropriate borough that the child/young person resides.

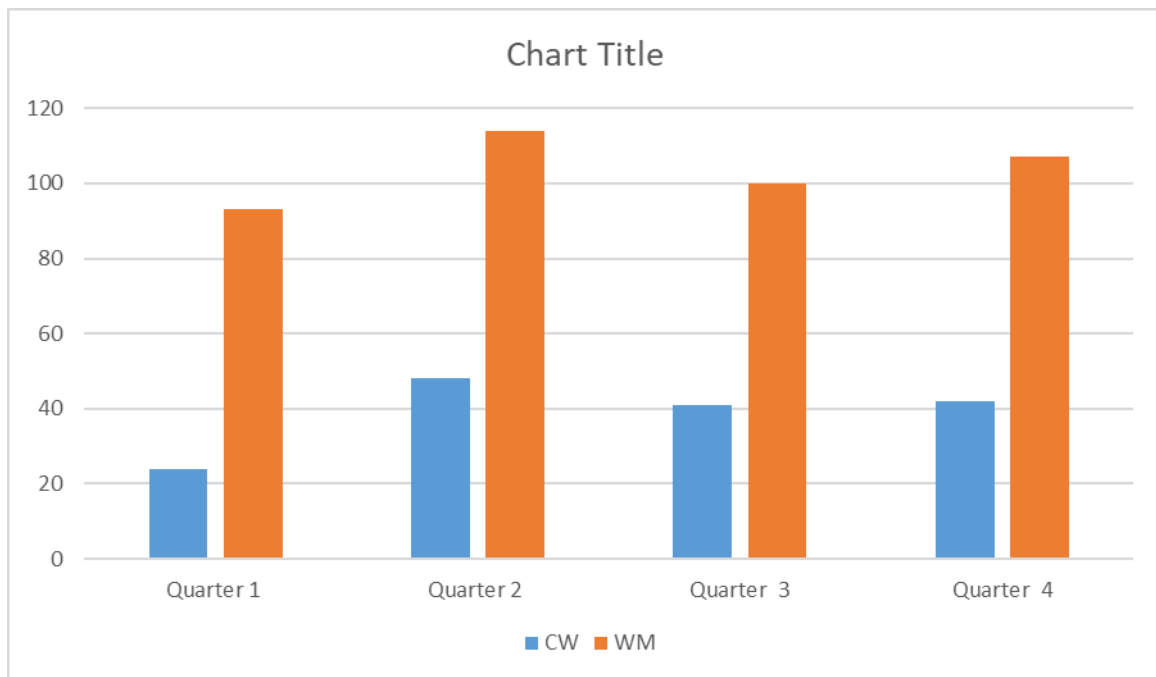
Referrals to Children Social Care – West Middlesex Hospital Site April 2022 – March 2023



Referrals to Children Social Care – Chelsea and Westminster Site April 2022 – March 2023



Maternity Referrals to Children's Social Care Cross site - April 2022 - March 2023



The amount of social care referrals have been more than 50% higher at West Midd site compared to Chelsea and Westminster. The highest number being to Hounslow.

The safeguarding midwife meets on a monthly basis with Hounslow social care to discuss all new referrals

The Safeguarding Team are undertaking regular supervision with the teams to ensure all cases are identified as well as reviewing the teams safeguarding lists.

Feedback from both local and national practice reviews are presented by the safeguarding team locally and nationally and are also incorporated into training

4.7 Child Protection Medicals

The paediatricians undertake child protection medicals across both sites. These medicals are usually requested by a social worker or police due to the child having an injury or the child making a disclosure. Previously, the clinics were run daily, however, the Trust has Child Protection Medical clinics on a Mon, Wed and Fri. This new service is currently being audited to ensure that it meets the demand for the service required.

The process involves taking a detailed history from the child, parent/s, social worker and police as required and examining the child. X-rays may also be required as part of the child protection medical. A report is then compiled and submitted to the requesting referrer.

Child Protection Medicals for children under 2 years of age are routinely completed at the hospital, this is due to various tests that may need performing such as skeletal surveys/ CT head

4.8 Urgent Care Centre (UCC)

Hounslow Urgent Care Centre (UCC) is situated adjacent to West Middlesex University Hospital's Emergency Department. Although the UCC has close working relations with the hospital, it is managed and run as a separate entity. Hounslow and Richmond Community Healthcare Trust (HRCH) are responsible for the management of the UCC including all processes and procedures in relation to safeguarding children and young people, currently this post is unfilled.

The UCC has in place training programmes for all staff at various levels in relation to safeguarding. HRCH works to the same safeguarding policies and procedures as the Trust and the IT systems in use have been developed with alert icons for those children that are subject to a child protection plan.

The UCC at Chelsea & Westminster Hospital is integrated within the Paediatric Emergency Department. It is staffed by GPs and Paediatric Emergency Department staff with the appropriate skills. The safeguarding processes for UCC patients are the same as for ED patients.

4.9 Safeguarding Children committee meetings

This meeting is chaired by the Deputy Chief Nurse and is cross site. The safeguarding team have joint meetings with the adult safeguarding professionals. The group comprises of the named professionals children and adults, safeguarding midwife, sexual health lead, domestic abuse advisor, CAMHS liaison nurses, social workers from the main borough that the organisation covers and senior nurses across both sites.

The meeting reviews all safeguarding issues including complex case discussions, audits, practice reviews, recommendations and training compliance.

The safeguarding team also provide a quarterly SHOF report which is presented to the team and is submitted to the CCG.

5.0 Policies and Procedures in place to safeguard Children and young people

There are a number of policies in place that relate directly to safeguarding children and young people and updated through the relevant Clinical Guidelines Committees.

6.0 Staff Training

The Intercollegiate document provides a clear framework which identifies safeguarding competencies for all staff, clinical and non-clinical, who work in any healthcare setting. This has expanded Safeguarding Training Requirements-especially at Level 3 for a significant number of staff which will further increase awareness in this area.

The Safeguarding children/maternity team has developed a joint Level 3 Training package which incorporates both Children and Adults Safeguarding Training on a three year rolling programme. This will be captured by learning and development Teams.

The Safeguarding team are compliant at level 4 and above at appropriate levels of training.

The named nurse and named midwife also deliver regular training externally for the Local Safeguarding Children Partnership. Subjects relate to relevant topics within the Borough, which include the Neglect Tool, child sexual abuse and Physical Abuse.

6.1 Prevent

Basic Prevent training (an element of the Government's counter-terrorism strategy) is incorporated into the level 1 and 2 Safeguarding Children's training. The Prevent National Government Strategy – Reducing risk of radicalization and terrorism states that health sector is involved in Objectives 2 and 3:-

- Prevent is part of existing safeguarding responsibilities for the health sector, not an additional job.
- Healthcare workers have the opportunity to refer vulnerable individuals for support in a pre-criminal space.

Given the very high numbers of people who come into contact with health professionals, the health sector is a critical partner in *Prevent*. There are clearly many opportunities for doctors, nurses and other staff to help protect people from radicalisation. The key challenge is to ensure that healthcare workers can identify the signs that someone is vulnerable to radicalisation, interpret those signs correctly and access the relevant support.

The Prevent agenda will continue to be implemented across the organisation led by the Lead Nurse for Adult Safeguarding.

NHSE identified that staff requiring level 3 training for adult or child safeguarding should also receive a higher level of training (WRAP). The Trust is working to deliver this online & through face to face sessions.

The safeguarding team will continue to support the organisation to achieve the 90% compliance required for 2022 /23.

7.0 Supervision for staff in direct contact with Children and Young people

It is a requirement that all staff have access to supervision within the organisation and this must be incorporated into all areas. All staff involved in safeguarding should have appropriate supervision according to their role as set out in the Intercollegiate Document 2019.

The named professionals deliver safeguarding peer supervision for the paediatric medical team on a monthly basis. Complex cases that have presented to the organisation is discussed and learning is highlighted and implemented into practice. A newsletter is also shared within the team.

7.1 Supervision

The supervision process is inherent within the Trusts safeguarding policy to ensure that there are robust mechanisms in place to support front line staff. This is achieved through:

- Monthly meetings for the safeguarding team
- Monthly steering group meetings
- 1:1 supervision for named professionals
- Weekly safeguarding huddle for the maternity safeguarding team
- Weekly safeguarding Teams meetings for maternity and NNU staff to “drop in” if have any cases they wish to discuss.
- Group supervision for ward staff, specialist staff, sexual health teams
- Peer support programme in place
- Ensuring that there are opportunities for discussion and debriefing with members of the safeguarding team
- Internal case review.
- Feedback from external serious case reviews.
- Implementation of recommendations from lessons learnt
- The safeguarding team receive regular supervision from the designated professionals.

7.2 Supervision Policy

Effective professional supervision can play a critical role in ensuring a clear focus on a child’s welfare. Supervision should support professionals to reflect critically on the impact of their decisions on the child and their family.

Employers are responsible for ensuring that their staffs are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role. (Working Together To Safeguard Children 2018).

8.0 Partnership Working

Local Safeguarding Children's Partnership (LSCP)

Safeguarding and promoting the welfare of children requires effective co-ordination in every local area. For this reason, the Children Act 2004 requires each local authority to establish LSCP. The LSCP is the key statutory mechanism for agreeing how the relevant organisations will co-operate to safeguard and promote the welfare of children in that locality, and for ensuring the effectiveness of what they do.

Consistent representatives of the senior nursing team are active member of the 3 LSCP's and the safeguarding named professionals are active members of various sub groups.

8.1 Designated Officer (LADO)

The safeguarding team have been involved in referrals to the Designated Officer (formally known as LADO). This involves working with Local Authority practitioners, Human Recourses internally, managers and in some cases police and professional bodies such as NMC/GMC. Staff who are involved in the process are supported throughout the investigation.

9.0 Electronic Record System

An electronic recording system is live on both sites. This ensures that safeguarding communication is robust within all areas of the Trust and will improve cross site working and information sharing.

The CPIS (child protection information system) is integrated into this electronic system and will flag a child or mother of an UBB (unborn baby) subject to a Child Protection or Looked after child plan in all unscheduled care settings.

10.0 Safeguarding Practice Reviews and Individual Management Reviews

When a child dies or sustains a potentially life threatening injury, and abuse or neglect is known or suspected to be a factor in the death or injury, partner agencies must undertake a Safeguarding Practice Review. The purpose of this review is to determine what can be learned from the case about the way local professionals and organisations work together to safeguard children. As part of the review the local authority commissions an overview report and each relevant service is required to complete an individual management review.

Throughout the year a number of cases have been discussed at the Case Review Sub Meetings. The purpose of these discussions is to establish if the internal management reviews met the threshold for a Practice Review.

Past and current internal case reviews are discussed at our safeguarding meetings to establish recommendations and ensure best practice is being implemented. In addition, national case reviews are also reviewed to ensure lessons learnt are embedded locally. The process for following up children who are not brought to outpatient appointments is an example of this.

Learnings are shared within the organisation via various team meetings and training.

The safeguarding team also participate in a paediatric newsletter and relevant information is cascaded within the organisation.

10.1 Safeguarding Children Health Network Meeting

The Named Professionals attend this meeting which is also attended by representatives of the wider safeguarding member agencies. This group reports directly to the designated

professionals and is chaired by the Designated Nurse for Hounslow/Tri-borough, this group is responsible for strategic development and collaborative working across the health economy.

10.2 West London Children Healthcare (WLCH)

West London Children Healthcare is made up of the Children’s Services at Chelsea and Westminster Foundation Trust and Imperial College Healthcare NHS Trust. WLCH has worked collaboratively to ensure safeguarding policies, training and procedures are comparable across both Trusts and have a regular meeting forum where both safeguarding and senior teams meet to discuss ongoing challenges. The safeguarding teams have visited each hospital site throughout the year to ensure that the safeguarding roles across WLCH are jointly working. The training programme delivered have been reviewed to ensure WLCH is delivering a similar package.

In addition, the named professionals have attended the Trusts Quarterly SHOF (safeguarding health outcomes framework) meetings to discuss future work and changes that should to be made within the safeguarding arena.

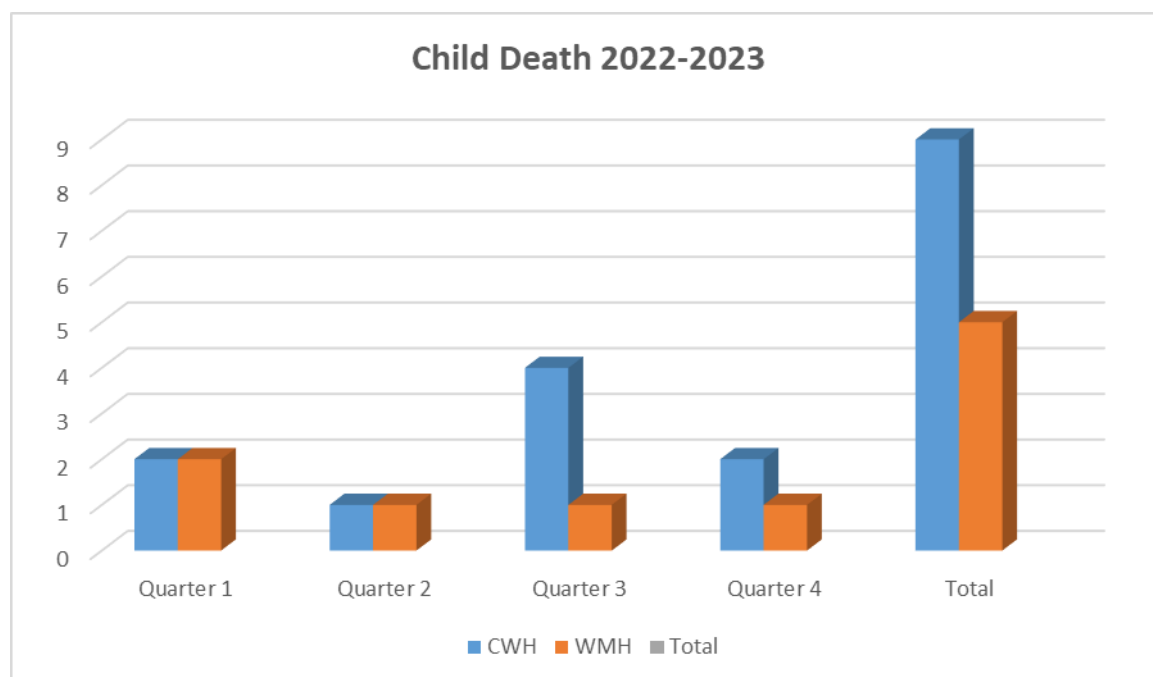
Recently, the group worked in conjunction to amend the safeguarding referral process across the Trust on Cerner. Ongoing work is undertaken to ensure that safeguarding notifications are shared via Cerner.

10.3 Serious Case Review Group

The Named Nurses attend the LSCP Case Review meetings, relevant cases are discussed with the multi-disciplinary teams and decisions are made as to whether a Practice Case Review is required.

11.0

CHILD DEATH - Cross Site



	CWH	WMH
Quarter 1	2	2
Quarter 2	1	1
Quarter 3	4	1
Quarter 4	2	1
Total	9	5

Child Death data have increased from previous year where Chelsea and Westminster Hospital's reported data were noticeably higher than West Middlesex Hospital particularly in Quarter 3.

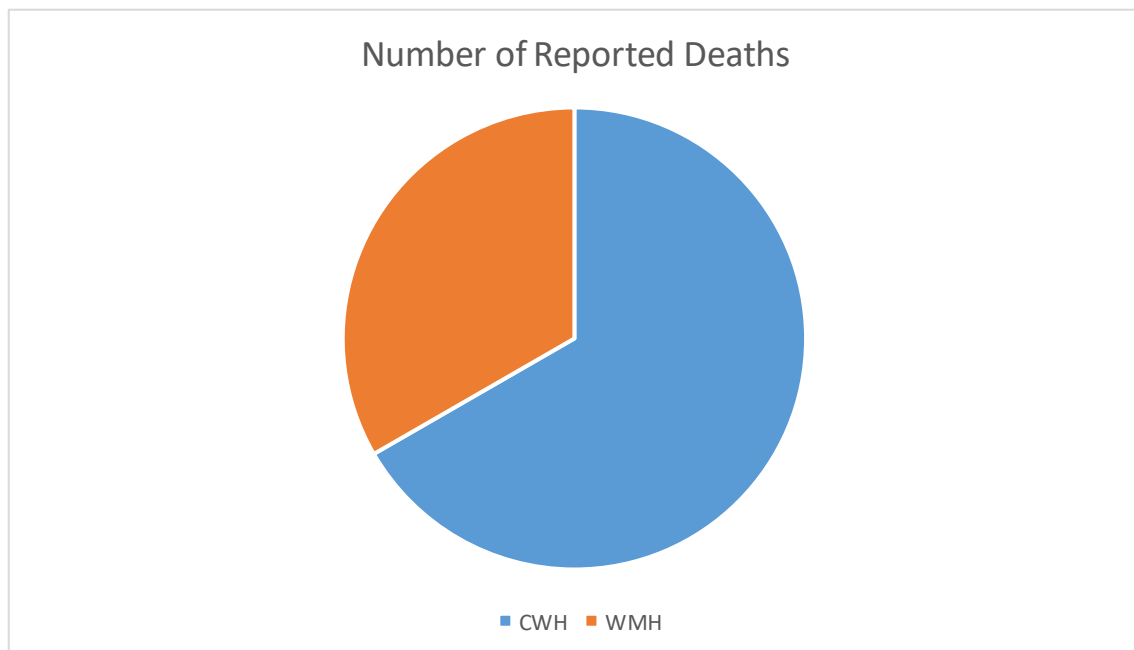
Notification of Death via the eCDOP (electronic child death overview panels) are well received by the designated London CDOP areas in a timely manner.

Attendance on Joint Agency Response meetings (JAR) and Child Death Review Meetings (CDRM) are well attended by Responsible Consultants and Trust Representatives.

Keyworker role has been recognised to have an expanded role not just limited to being link with bereaved families but also administrative role to facilitate CDRMs on selected cases.

Ongoing Child Death Review Meetings for 2022-2023 remained challenging to achieve completion in a timely manner as per guidance. CDR teams have recognised this due to some factors i.e. delayed post mortem reports.

Out of Hospital /Tertiary Hospital Deaths



Hospital Site	No. of Reported Deaths of Children known to CWH/WMH
CWH	8
WMH	4
Total	12

Data shows child deaths outside the trust where information on services involvement are shared to Child Death Review Team and representation to JAR & CDRM were sought on some cases.


12.0 Work Plan for 2023-24

- To continue to ensure that Safeguarding Children remains a priority within the Organisation
- Continue to review Safeguarding Children’s Training in line with the recommendations from the updated Intercollegiate Document and continue to maintain compliance at level 1, 2 & 3.
- Maintain minimum of 4 audits per year for safeguarding practice
- Continue to work in collaboration with colleagues throughout West London Children Hospital to ensure that practice is standardised.






Safeguarding Audits 2023 – 24


RED	Overdue
Yellow	On-going
GREEN	Completed

Audit Type	Re-audit?	Theme	Title	Lead	Responsible Committee	Audit	Estimated completion date	Status
Safeguarding	No	Neglect Audit	Neglect Deep Dive Audit	Daisy Dholoo Sarah Green Mia Cribb		 Neglect Audit 2023.doc	March 2023 - completed	
Child Protection Medicals - Service	No	Child Protection Medicals	RCPCH – Standards for Child	Daisy/Anne Audit			May 2023 completed	



Delivery Standards (WM site)			Protection Medicals	completed by:- Claire Stewart Paediatric Registrar		 SG audit results presentation.pdf		
Child Protection Medicals – Service Delivery Standards (C&W site)	No	Child Protection Medicals	RCPCH – Standards for Child Protection Medicals	Paul Hargreaves		 Paul - CP medical audit.docx	May 2023 completed	
Section 11 Audit – Local Safeguarding Children Partnership Hounslow	No	Section 11	Section 11 Audit	Daisy/Sarah WM site		 Section 11 Audit Hounslow 2023.pdf	July 2023 completed	
Safeguarding 16 – 18 year olds that	No	Appropriate safeguarding of	Safeguarding 16 – 18 year olds that	Paediatric registrar		To commence in Oct 2023		



present to the Trust		16 – 18 year olds that present to the Trust	present to the Trust					
MACE Data for Health Outcomes	No	MACE Data for Health Outcomes		Faye (CW site)		 Audit - MACE data for health outcomes	completed	

Chelsea and Westminster NHS Trust
Audit of Staff's Understanding of Neglect in Paediatric and Maternity services at Chelsea and Westminster Hospital

March 9th 2023

Rationale for the Clinical Directorate and Speciality: Women and Children's Division

Audit reference no.

Audit Project title: Neglect Deep Dive Audit

Date of project report; 9th March 2023

Name of participants / Audit project completed by Sarah Green Consultant Midwife Public Health and Safeguarding, Daisy Dholoo Named Nurse Safeguarding, Mia Cribb, River Midwife Team Lead.

Safeguarding of children is a shared responsibility and effective multi-agency working is of paramount importance. It therefore follows that staff must be able to identify and have an understanding of neglect.

Furthermore, as per Intercollegiate Document (2019) all health staff across the health economy receive mandatory safeguarding training which includes neglect. In paediatrics and maternity the safeguarding training includes discussion around neglect and the impact it has on children and families. There are also weekly and monthly multi-agency psychosocial meetings which include discussions around neglect cases.

This audit was designed to provide a snapshot of a range of maternity and paediatric staff who were selected at random to determine their understanding of neglect and what steps they would take if this was the case.

Thirteen staff were identified and included

Questions

1 Why do you think identifying neglect is important?

2. What may be some of the signs that you thought a child was being neglected

3. What is the process you would take if you identified neglect or potential risk of neglect?

Methodology

A total of 13 maternity staff were picked at random who were working on the day of the audit and consisted of Band 7's 6's, hearing screeners and MSWs. They worked across antenatal, community, postnatal and screening teams. In paediatrics the questions were asked to Matrons, 2 junior paediatric and 2 senior paediatric nurses.

Analysis

1. Why do you think identifying neglect is important?

All staff responded appropriately some of the answers included as follows;

Saving lives, preventing deaths, giving family additional support, To put preventative measures and follow up in place, ensuring parents are meeting needs of the child, keeping children safe keep mum and baby safe, can cause significant harm, physically, emotionally and developmentally.

2. What may be some of the signs that you thought a child was being neglected

All staff gave a wide range of answers a range of them have been highlighted below - this demonstrates an excellent knowledge in this area

Child or mother attends with dirty clothing/ lack of hygiene

Poor dental hygiene noted-decaying teeth

Chaotic unclean Housing unstable/ homelessness

Cost of living crisis/ Poverty

Unsafe sleeping arrangements for child / infant

Not attending appointments or booking late

Chaotic home environment

Children exposed to violence and abuse in wider family, and adult conversations/arguments

Parental substance misuse substance misuse ongoing

Domestic Abuse between parents · Mental health which could affect how is able to care for child

Learning disability

Delay in attending hospital for induction

Taking substances in pregnancy ·

Signs of substance withdrawal after birth

No insight into the safeguarding risk from other family members

Parents not having the right equipment

Parents wanting to discharge baby before medically fit
Not keeping to agreed CP plans

3. What is the process you would take if you identified neglect or potential risk of neglect?

Every single member of staff stated that they would discuss with the safeguarding team or make a referral to social care. All staff in both paediatrics and maternity were aware of who the safeguarding leads were and how they could be contacted, GP and HV.
Two staff also mentioned FNP and Early Help and many also mentioned the importance of identifying this as early as possible so that interventions of support could be put in place.

Clinical Audit Report Form

Discussion.

None of the staff that we interviewed gave us incorrect answers or said anything to make us feel not reassured that there is a good understanding of neglect within maternity and paediatric services.

Recommendations

To continue to include Neglect on the safeguarding training and use of the QOC tool as and when required when having discussions/ supervision with staff around neglect.
To continue to evaluate and embed the Mat Vat Threshold document within maternity services which has been specifically designed with maternity cases in mind.

Re-audit

Date planned for/carried out: 1 year

How regularly do you plan to re-audit this area? To add to Yearly audit planner

**Managers to be made aware of audit result. To send out audit to Designated Nurse for HSCP, management and present at Safeguarding committee/ share with staff
Quality and Safety Team to register.**

Project Ref

HSCP Section 11 Self Assessment 2023 - WMUH / Chelwest

1.0. There is a named strategic lead for safeguarding and senior management commitment to the importance of safeguarding children.

Response

The Deputy Chief Nurse is the senior lead within the organisation who champions the importance of safeguarding. The lead is committed to safeguarding and demonstrates a good understanding of safeguarding processes. The lead chairs the joint quarterly safeguarding meeting and actively promotes/supports the named professionals across both sites of the organisation. Members of the team attend various Local Safeguarding Children Partnership sub-group meetings. The named professionals job description specify roles and responsibilities to promote and safeguard children and young people. The Named Nurse/Midwife will complete the Section 11 Audit, they have undertaken a range of safeguarding children training and also participate in delivering training to staff internally and also externally with the Local safeguarding Children Partnership. The named nurse/midwife have regular forums and peer reviews within the organisation where safeguarding practice is discussed, developed and practice improved. The team also have regular safeguarding internal meetings where complex cases are discussed, policies are reviewed and audits presented. The Named Nurse and Named Midwife attend the partnership challenge day. We present areas of good practice and what challenges we have had within our organisation. Our partnership agencies have an opportunity to challenge and scrutinise/praise the work we have completed as a safeguarding team. Children Safeguarding Leads:- Named Professionals -Doctor: Dr Paul Hargreaves/Dr Anne Davies. Named Nurse: Daisy Dholoo (WM), Faye Mitchison (CW). Designated Doctor for NWL Dr John Hutchins. Consultant Midwife for Safeguarding and Public Health is Sarah Green and works across both sites. Safeguarding Midwife: Anna Walther (WMH) Wendy Allen (C&W). The team also work closely with our safeguarding adult leads as we have a 'Think Family Approach':- Adult Safeguarding Professional Leads:- The Trust Adult Safeguarding team is responsible for the range of duties and responsibilities for safeguarding adults Colette Cashell - Adult Safeguarding and Learning disability Lead Nurse (Interim). Kathryn Mangold – Lead Nurse, Learning Disability, Autism or Both and Transition Sarah Gallimore- Adult Safeguarding Project Officer Dr Charlotte Cohen - DA lead HIV/GUM Paul Morris - Lead Nurse – Mental Health, Clinical Lead – Mental Capacity Act and Deprivation of Liberty Safeguards John Snowden – Lead Nurse – Mental Health Jessica Whittock – Domestic Abuse Project Coordinator

Rating



Actions

Action	Lead	Due
To continue to promote safeguarding within the organisation and work closely with partnership agencies.	safeguarding team	17-07-2023

Evidence

File
safeguarding training timetable.docx
Cases Subgroup Terms of Reference_new Aug2022.pdf
HSCP Cases Sub-Group Agenda 08 03 23_FINAL.pdf
Joint safeguarding agenda 25th April 2023 (2).doc
Peer review learning June 2021 (1).pdf
Peer review learning August 2021.pdf
Peer review learning November 2021.pdf
HSCP Challenge Day - Effectiveness and Impact Template - Final (3).docx
Child Young Person Death Guideline V4 Nov 2022.pdf
Intranet.docx
1688453096_Safeguarding - new process for recording safety concerns and ordering safeguarding alerts on Cerner May 2020.pdf
1688457294_Meeting Minutes 01.02.23 (1).doc
1688457386_Joint safeguarding agenda 25th April 2023 (2).doc
Learning Disabilities report.doc

1.1 There is a named or designated person(s) with a clearly defined role and responsibilities to lead operational safeguarding and child protection responses.

Response

The named professionals have clearly defined roles and responsibilities to champion safeguarding within the organisation. They attend various internal and external study days to maintain a sound knowledge of safeguarding and legislation. The named professionals attend internal meetings, this meeting is attended by senior adult practitioners information/reviews/issues regarding safeguarding children is shared/presented which in turn is cascaded within their teams. The named professionals have presented information/cases at the Trust Quality round this information is also cascaded to the wider teams within the organisation. Out of hours we have Consultant Paediatricians who are available to support and advise staff. Children Safeguarding Leads:- Named Professionals -Doctor: Dr Paul Hargreaves/Dr Anne Davies. Named Nurse: Daisy Dholoo (WM), Faye Mitchison (CW). Designated Doctor for NWL Dr John Hutchins. Consultant Midwife for Safeguarding and Public Health is Sarah Green and works across both sites. Safeguarding Midwife: Anna Walther (WMH) Wendy Allen (C&W). Details of the safeguarding team are displayed on the Trust Intranet and also in the safeguarding children policy.

Rating



Actions

Action	Lead	Due
To continue to promote and support safeguarding practice. To continue working together with partnership agencies.	safeguarding Team	17-07-2023

Evidence

File
Safeguarding Children Team.docx
Childrens Safeguarding Policy 2023 V6.docx
1688453038_Intranet.docx
1688453069_Child Young Person Death Guideline V4 Nov 2022.pdf
1688453207_Safeguarding - new process for recording safety concerns and ordering safeguarding alerts on Cerner May 2020.pdf
Named Dr JD.pdf
1688457346_Meeting Minutes 01.02.23 (1).doc

File
1688457566_Intranet DA.docx
JD Safeguarding and Socially Complex Specialist Midwife band 7.pdf

Evidence

Documentary evidence uploaded.

The Deputy Chief Nurse is the senior lead within the organisation who champions the importance of safeguarding. The lead is committed to safeguarding and demonstrates a good understanding of safeguarding processes. The lead chairs the joint quarterly safeguarding meeting with the organisation.

The Named professionals attend various Local Safeguarding Children Partnership sub-group meetings. Members of the team attend internal and external training forums and are compliant at L4 training.

The named professionals participate in various training sessions both internally and externally.

The Board receives an annual safeguarding report.

1.2 The organisation has a clear written accountability framework. All staff understand who they are accountable to and what level of accountability they have in responding to safeguarding concerns

Response

There are policies and guidelines available to staff on the Trust Intranet. the safeguarding team are aware of their responsibilities in respect to safeguarding children who present to the organisation. All staff have regular safeguarding children training and the emphasis is on 'think family approach' There are senior nurses on every shift who ensure that safeguarding children guidelines/policies are adhered to and will ensure that children are safeguarded. This includes young people (16 - 18 year olds) who are usually admitted onto an adult ward. The safeguarding team delivered bespoke training for senior practitioners in our weekly Quality Round, this was attended by adult and paediatric staff, this forum was to enable senior practitioners who are on call out of hours to be able to support junior staff when safeguarding concerns are highlighted. The team also delivered training internally for staff during our Clinical Governance half day. study day. The Named professionals details are displayed on the Trust Intranet and also within the safeguarding Children policy. The named professionals also deliver the role of the LADO within safeguarding children training. There have been referrals made by the team relating to adult and paediatric practitioners. Senior staff are aware of the process of referring when allegations against members of staff have been made. Where there is involvement of LADO/investigation staff members will be supported and counselling available for them. The policy is accessible to staff on the Trust Intranet site.

Rating



Actions

Action	Lead	Due
To continue promoting safeguarding children within the organisation	Safeguarding team	17-07-2023

Evidence

File
12th May - Quality Round Safeguarding Children.pptx
Clinical Governance Wednesday 14th December.docx
1688376548_Safeguarding Children Team.docx
1688376789_Childrens Safeguarding Policy 2023 V6.docx
LADO Referral XXXX.docx
1688456218_Named Dr JD.pdf
1688456430_Child Young Person Death Guideline V4 Nov 2022.pdf
1688456456_Intranet.docx
1688456768_Intranet DA.docx
1688457500_Training ED - Referral to CSC.pptx
clinical governance presentation SCR learning 2022.pptx
1688631102_JD Safeguarding and Socially Complex Specialist Midwife band 7.pdf
Safeguarding allegations against staff policy June 2023.docx

Evidence

1.3. There is a safer working practice for all contractors to the organisation who work with children and are delivering statutory services. Contracts require the organisation to achieve Safeguarding Standards, which are the same as those for Section 11.

Response

The organisation has clear written accountability framework. All staff understand to whom they are accountable and what level of accountability they have. There are processes in place to ensure safe recruitment. Pre-employment checks procedures are in accordance with NHS Employment Check Standards January 2013 and in keeping with the Vulnerable Groups Act 2005 and Protection of Freedoms Act 2012. These standards set out the legal and mandated requirements that must be carried out on all candidates prior to NHS employment. These standards apply to permanent staff, staff on fixed term contracts, temporary staff, volunteers, students, trainees, contractors, bank and agency staff. The checks required include: • Identification checks • Disclosure and barring checks • Professional registration • Qualification checks • Right to work • Employment history and reference checks • Occupational health checks • Licence to Practice (medical staff only) Relevant Trust Policies • Pre-employment Checks Procedure • Policy on Disclosure and Barring Checks • Recruitment and Selection Policy which includes procedures for Disclosure and Barring Checks and Pre-employment checking procedure Routine monitoring of staff The Trust may re-check DBS disclosures on a priority basis, for example where a concern has been raised or where it is required for auditing purposes. Monitoring and Audit/ Quality Assurance Checks in place to ensure compliance with these policies include: Monthly workforce reports on professional registration for registered staff, work permits and missing NI numbers will be actioned by the Workforce Information Team where the reports identifies due date for renewal of registrations or permits. The HR team receive monthly new starter and DBS compliance reports detailing any records where DBS is not recorded / recorded at the incorrect level. The recruitment team will then go back into the records highlighted and make the relevant corrections. Retire and returns for non-medical staff old DBS transfer to their new records and this sits with the HR admin team. International staff would have their certificate of good standing recorded and ESR would be updated with the UK DBS information within the first three months of employment. the organisation is compliant with Section 11 of the Children Act 2004 Safer recruitment is recorded on a quarterly basis with the SHOF report, this is presented to partners at the safeguarding committee

Rating



Actions

Action	Lead	Due
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The organisation continues to ensure that compliance is reviewed regularly. Estates and Facilities all have DBS and this is identified through tender process procurement and audited by Estates and Facilities.	Human Resources/safeguarding team	17-07-2023
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Evidence

- File**
- Q4 SHOF 2023.docx
- Recruitment Selection Policy.pdf
- Recruitment information on Intranet.docx

Evidence

Evidence uploaded

2.0. There are safeguarding policies in place which provide clear guidance on what action to take if there are concerns about a child's safety or welfare. The policies and procedures are in line with the London Child Protection Procedures and Working Together to Safeguard Children

Response

There are various policies and guidelines in place relating to safeguarding children, these policies are available to all staff whom can access them with ease on the Trust intranet. Safeguarding children is also discussed at various meetings within the organisation, this attended by adult practitioners who cascade information to their teams. There is a quarterly joint adult and children committee, policies and guidelines are reviewed and discussed at this forum. The safeguarding team also present the quarterly Safeguarding Health Overview Framework (SHOF) report at this forum. Themes and cases are incorporated into this report along with figures of how many children/adults present to the organisation, safeguarding issues are highlighted and themes (if any) are discussed. This includes children/young people who have presented with Mental Health issues. There is clear responsibility for paediatricians to complete Child Protection Medicals when a baby/child/young person presents with a possible non accidental injury or a disclosure of abuse has been made by a child. The proforma is available on the Trust Intranet and available to practitioners.

Rating



Actions

Action	Lead	Due
To continue to ensure that staff are aware of whom to contact with a safeguarding concern and are aware of policies and guidelines.	safeguarding Team	17-07-2023

Evidence

File
Childrens Safeguarding Policy 2023 V6 (1) (Autosaved).docx
Safeguarding Supervision Policy 2023.doc
1688377550_Joint safeguarding agenda 25th April 2023 (2).doc
SHOF Q4 - 2022-23.docx
Updated CP Medical Proforma Mar 2023.docx
Safeguarding - new process for recording safety concerns and ordering safeguarding alerts on Cerner May 2020.pdf
1688453551_Child Young Person Death Guideline V4 Nov 2022.pdf
1688456537_Intranet.docx
Intranet DA.docx
Training Objective.docx
1688629003_Perinatal mental health - important information to know WM site.docx
1688736307_Prevent Policy 2022 Nov (2).doc
A&E Attendances Pathways for Distribution (1).pptx
final FYOI CP Medicals Local Pathway Flowchart with logos.docx
1689230357_Safeguarding allegations against staff policy June 2023.docx

2.1 There are clear procedures for recording and reporting concerns or suspicions of abuse of children which all staff are aware of.

Response

Staff are aware of how to act to safeguard and promote the welfare of children. There is a Interagency referral form to complete and send to Children Social Care if there is a concern regarding an unborn baby/child/young person/. The referral form is accessible on the Hospital Intranet. This is discussed during training that is provided by the safeguarding team. The Learning and Development Team keep a record of staff who are compliant with training and will send reminders to staff when their training is due for renewal. The safeguarding Team also participate in weekly psychosocial meetings with partnership agencies, all referrals to children social care and/or CAMHS (mental health) is discussed and outcomes are recorded on the hospital database. All staff will receive safeguarding children training at induction, this is at Level 1 and 2. For staff who require Level 3 training, the safeguarding team provide this face to face. There is also opportunity for staff to attend external training via the local safeguarding partnership and other agencies. There is a responsibility for the Chief Nurse and Named Nurse/Midwife to refer any allegations made against staff to the Local Authority Designated Officer. The Trust are also linked into Child Protection Information Sharing(CP-IS) and also have internal systems in place to highlight safeguarding concerns within medical records (cerner).

Rating



Actions

Action	Lead	Due
To continue to ensure that staff are aware of whom to contact with a safeguarding concern and are aware of policies and guidelines.	safeguarding team	17-07-2023
To continue to provide regular supervision to staff and ensure that staff are aware on how to make appropriate referrals to children services.	safeguarding Team	17-07-2023

Evidence

File
Training ED - Referral to CSC.pptx
CSC - Interagency referral for Childrens services.docx

File
1688379112_LADO Referral XXXX.docx
1688379488_Updated CP Medical Proforma Mar 2023.docx
1688456844_Intranet.docx
1688456918_Childrens Safeguarding Policy 2023 V6.docx
1688457721_Safeguarding - new process for recording safety concerns and ordering safeguarding alerts on Cerner May 2020.pdf
River Midwives Referral Form.docx
1688714571_Safeguarding Supervision Policy 2023.doc
Prevent Policy 2022 Nov (2).doc

Evidence

Documentary evidence uploaded

2.2 There is clear guidance on how to respond to a disclosure of abuse from children, which includes a confidentiality policy and procedure

Response

There is clear guidance for staff on what to do when a child discloses or presents with abuse. There is a flow chart embedded in the safeguarding children policy. Confidentiality and consent is incorporated in the policy. All referrals are reviewed by the safeguarding team and recorded on a live database. The referrals are discussed at our weekly psychosocial meeting which is attended by social workers, emergency department staff, safeguarding team, CAMHS practitioner and liaison health visitor. Outcomes are recorded on the database. This is a helpful forum where case can be discussed that may not have met the threshold for a referral to children agencies. There is also an Allegations Against Staff Policy available on the intranet, this is used when an allegation of harm has been made by a child/young person against a member of staff.

Rating



Actions

Action	Lead	Due
To ensure there are policies available on the Trust intranet for staff to access when concerns are raised relating to safeguarding children. The safeguarding team to review the intranet regularly.	safeguarding team	17-07-2023

Evidence

File
1688379740_Childrens Safeguarding Policy 2023 V6 (1) (Autosaved).docx
1688461091_Safeguarding - new process for recording safety concerns and ordering safeguarding alerts on Cerner May 2020.pdf
1688461140_Intranet.docx
1688461244_Intranet DA.docx
1688462411_CSC - Interagency referral for Childrens services.docx
1688631012_River Midwives Referral Form.docx
1689077477_Cerner safeguarding referrals escalation Pack CWFT.pptx
1689230482_Safeguarding allegations against staff policy June 2023.docx

Evidence

Documentary evidence uploaded

2.3 Staff are able to make appropriate referrals to Children's Social Care and or Early Help Services. Quality of referrals is monitored by the organisation

Response

Staff are able to make appropriate referrals to Children's Services, the Interagency referral forms are available for staff on the Trust Intranet. There is also a weekly psychosocial meeting with the Named Professionals, staff from Emergency Department, Social Worker, CAMHS practitioner and Liaison Health visitor at this forum referrals are discussed and an outcome from Children social Care is recorded on a live database. The named nurse also presents a training session for staff in ED on when/how to make appropriate referrals to Children Social

Care. The process for making a referral is also embedded in the safeguarding children policy and on the intranet. The named professionals are in the process of working with our Cerner IT practitioners to improve referrals that are sent to children social care. The tool will allow practitioners to access referral forms input information/concerns and directly send the document to the appropriate Borough. The Named Nurse and Named Midwife also participate in the LSCP training programme and deliver external training for the multi agency teams on a regular basis

Rating



Actions

Action	Lead	Due
The safeguarding team to continue to promote safeguarding children and remain visible and available to support and guide staff when concerns are raised.	safeguarding Team	17-07-2023

Evidence

File
1688380287_CSC - Interagency referral for Childrens services.docx
1688380382_Training ED - Referral to CSC.pptx
MARCH VIRTUAL QOC (5).pptx
1688717648_case study maternity Jan 23 ground round presentation march 23.pptx
Cerner safeguarding referrals escalation Pack CWFT.pptx
Safeguarding referrals v7.0.docx

Evidence

Documentary evidence uploaded

2.4 Staff know what action to take if a referral leads to no further involvement by Children's Social Care. Relevant staff are aware of the importance of appropriate challenge in multi-agency safeguarding meetings. Staff understand how to escalate concerns as appropriate, both internally to their own agency and externally

Response

The organisation has an escalation policy which is available to staff on the hospital intranet. Escalation process is discussed during training. The Named professionals will escalate concerns to partnership agencies when the need arises. The team attend daily doctors handovers where cases are discussed and outcomes of cases are explored. The Named practitioners are also able to challenge decision making at appropriate partnership sub group meetings, cases are presented and discussed and professionals are challenged about decision making. The partnership have arranged various training/review days following cases discussed at sub-group meetings. The Named professionals are aware of the LSCP Escalation Policy

Rating



Actions

Action	Lead	Due
To continue to support staff and ensure that regular safeguarding supervision continues. The team to continue to ensure that escalation processes are adhered to.	safeguarding Team	17-07-2023

Evidence

File
Case Discussion V.C sub-group meeting.pptx
1689674306_Raising Concerns (Whistleblowing) Policy – 29 Jun 2021.pdf

2.5 Staff working with children, parents or carers are aware of children with additional vulnerabilities and the impact of issues such as substance misuse, mental health, domestic abuse and learning disabilities on parenting capacity. The additional needs of children and families are appropriately assessed and referred.

Response

Staff are made aware of the statutory duty to safeguard and promote the welfare of children and young people in accordance with the children Act 2004. Staff are aware of additional vulnerabilities such as mental health issues, domestic abuse, learning disabilities, substance misuse and Looked After Children - there is a pathway for young people who present to the organisation from Feltham Young Offenders Institute.. There is regular domestic abuse target training which has been delivered to ED, maternity and is incorporated into L3 training. The organisation has a Lead Learning Disabilities practitioner who works closely with staff when additional vulnerabilities are identified. The

organisation has a dedicated play team and art therapist who will work with children/young people where additional vulnerabilities have been identified. The organisation has a Domestic Abuse (DA) team who are incorporated into the safeguarding team. Regular training is delivered by the DA professionals for all staff across the organisation. There is discreet information available across the organisation for children/families relating to domestic abuse. There is also a Mental Health Lead who is available cross site for support and advice. We are fortunate to have CAMHS practitioners available in our emergency department. This enables children and young people to be assessed quickly when they present to ED with a mental health issue. The emergency department and the paediatric ward have a dedicated safe cubicle/room for children who need to be in hospital due to their mental health needs. The paediatric team work closely with Hounslow ICB regarding children who present to hospital with behavioural issues. We meet on a regular basis and have developed a pathway for children this enables a safe discharge with support and help for the families in the home.

Rating



Actions

Action	Lead	Due
The safeguarding team to continue to highlight vulnerabilities in children and young people. The team will continue to promote training and newsletters within the organisation	safeguarding Team	17-07-2023

Evidence

File
1688630468_Learning Disabilities report.doc
Information Violence against Women and Girls _VAWG_ RR Purple.pdf
1688715604_Perinatal mental health - important information to know WM site.docx
Information Modern Slavery Human Trafficking RR UpdateMarch22.pdf
1688717883_clinical governance presentation SCR learning 2022.pptx
1689075825_A&E Attendances Pathways for Distribution (1).pptx
1689075871_final FYOI CP Medicals Local Pathway Flowchart with logos.docx

Evidence

Documentary evidence uploaded

2.6 The organisation can demonstrate a commitment to equality and diversity within its policies and procedures and improving outcomes for ALL children including, those with disabilities, who do not have English as a first language, who are Looked After or who are young carers.

Response

The organisation invests in ensuring that equality and diversity is promoted within its policies and guidelines. There are policies/guidelines and information on the hospital intranet available for staff to access. There is information available in various languages enabling non English speaking children/parents to access information. The organisation is committed in using interpreters face to face or via language line when a child/young person presents and concerns are raised or visible. There is training that staff must complete relating to equality and diversity. At interviews there is a panel member who has been trained in equality and diversity.

Rating



Actions

Action	Lead	Due
To continue to promote equality and diversity within the organisation	Safeguarding Team	17-07-2023

Evidence

File
EQUALITY AND DIVERSITY DOCUMENTS AVAILABLE TO STAFF ON INTRANET.docx
FREEDOM TO SPEAK UP.docx
easy-read-card-english.pdf
sofa-sharing-poster.pdf

Evidence

Evidence uploaded

3.0 There are systematic arrangements in place to monitor the quality of practice and manage performance in respect of safeguarding children.

Response

The safeguarding team complete quarterly reports, this report is presented internally at committee meetings. The designated professionals are present at this forum and are able to scrutinise/challenge practitioners within the organisation. Good practice is highlighted and themes identified. Regular audits are completed and presented, this allows the team to highlight but also to identify areas of improvement. Recommendations are incorporated in the audit and implemented.

Rating



Actions

Action	Lead	Due
The safeguarding team to continue to ensure audits are completed which will enable us to monitor the performance in respect of safeguarding children.	safeguarding team	17-07-2023

Evidence

File
1688717230_SHOF Q4 - 2022-23.docx
1688718896_SG audit results presentation.pdf
1688718974_Neglect Audit 2023 (2).doc
1688719030_Paul - CP medical audit.docx
Quality Assurance Schedule 2023-24 Chelwest.docx

3.1 The organisation has in place a programme of internal audit and review that enables them to continuously improve the protection of children and young people from harm.

Response

A programme of internal audits are undertaken on a yearly basis, these audits are presented internally and externally, good practice is highlighted and areas of improvement are actioned to continuously improve the protection of children ,young people and families from harm and neglect.

Rating



Actions

Action	Lead	Due
The safeguarding team to continue to ensure that audits are completed yearly and presented internally and externally	safeguarding team	17-07-2023

Evidence

File
Meeting Minutes 01.02.23 (1).doc
SG audit results presentation (1).pdf
1688644686_Paul - CP medical audit.docx
audit IDVA referrals in comparison to CSC referrals.doc
audit safeguarding CERNER 19 2 20 (2).doc FINAL.doc
audit safeguarding quality of social care referrals at WM (1) (2).doc
audit safeguarding training MATERNITY audit august 2019.doc
1689076943_Neglect Audit 2023 (2).doc

Evidence

Documentary evidence uploaded

3.2 All staff understand the need for accurate, clear and on-going case-work recording and there are arrangements for reviewing the quality of recording.

Response

Regular audits are undertaken by the safeguarding team, this enables the team to monitor documentation and practice. The audits allow us to make necessary changes if practice can be improved. All staff are able to discuss cases with members of the safeguarding team and regular safeguarding supervision is provided within the organisation. Staff are aware that the safeguarding team also provide ad-hoc supervision if required. This is communicated to practitioners during L3 training. There are also weekly psychosocial/safety net meetings that the safeguarding team attend. At this forum cases/concerns are discussed with the wider multi-agency team and outcomes are recorded. Cases are presented at internal meetings/quality rounds and governance meetings to ensure that good practice is highlighted. Areas of improvement are also discussed and changes made as necessary.

Rating



Actions

Action	Lead	Due
The safeguarding team to continue to discuss cases during supervision with staff. Peer review sessions to continue where cases are presented to staff and learning implemented.	Safeguarding team	17-07-2023

Evidence

File
1689063366_12th May - Quality Round Safeguarding Children.pptx
1689063423_case study maternity Jan 23 ground round presentation march 23.pptx
1689063485_Safeguarding Supervision Policy 2023.doc
1689063567_clinical governance presentation SCR learning 2022.pptx
1689063691_Paul - CP medical audit.docx
Quality Round Safeguarding Children.pptx

File
1689078901_Presentation 21-04-2023.pptx
1689230981_Peer review learning November 2021.pdf

Evidence

Evidence uploaded

4.0. An induction process is in place for all staff and volunteers who have contact with children which includes a focus on safeguarding and their responsibilities.

Response

There is a basic induction programme for all new starters to safeguarding responsibilities. Additional training is provided by the safeguarding team for staff requiring additional further training. The safeguarding team also provide bespoke training for different areas within the organisation. The Named Nurses deliver bespoke training in the preceptorship programme for new Health Care Assistants within the organisation. There is a monthly safeguarding peer group teaching programme for junior and senior doctors, at this forum complex cases are presented, good practice is highlighted and also areas of improvement is discussed. This is a protected forum for consultants and junior doctors to challenge each other and highlight areas that need improving. Regular safeguarding audits are undertaken and presented, areas of good practice is highlighted but also areas of improvement is acknowledged, recommendations are made and implemented. The named professionals participate in LSCP training programme and deliver training to partnership agencies. National Learning is also incorporated training and reviewed by the safeguarding team at regular intervals.

Rating



Actions

Action	Lead	Due
The safeguarding team to continue to deliver training on a regular basis and ensure that the organisation remains compliant with training levels. The team will continue to review the training on a yearly basis and incorporate national learning within the training.	Safeguarding team	17-07-2023

Evidence

File

Level 3 safeguarding training March 2023 PH (5).pptx
Timetable Level 3 child safeguarding training 2022-23 PH[97].docx
1688458631_Training ED - Referral to CSC.pptx
Peer review learning August 2021 (1).pdf
Evaluation Level 3 Safeguarding Children and Adults (Think Family).docx
1688458834_Timetable Level 3 child safeguarding training 2022-23 PH[97].docx
1688458923_12th May - Quality Round Safeguarding Children.pptx
1688459491_Peer review learning November 2021.pdf
Neglect Audit 2023 (2).doc
SG audit results presentation.pdf
1688460900_SG audit results presentation.pdf
Paul - CP medical audit.docx
1688461728_Clinical Governance Wednesday 14th December.docx
1688628092_MARCH VIRTUAL QOC (5).pptx
Perinatal mental health - important information to know WM site.docx
case study maternity Jan 23 ground round presentation march 23.pptx
Learning Recommendation Comparison (True to Us) - David SCR - September 2021 (2).docx
HSCP Child Q Seven Minute Briefing July 2022.pdf

4.1. There is a safeguarding training plan (both single and multi-agency) for all staff according to their level of need and appropriate records are kept and reviewed regularly ensuring training is up to date. The training includes learning from Local Child Safeguarding Practice Reviews, audits and good practice examples.

Response

All new staff receive induction training, this includes Safeguarding Children L1 and L2 e-learning. Compliance is maintained by our learning and development team. Level of compliance is according to the Intercollegiate Document 2019. Level 3 training is delivered regularly by the safeguarding team with support from medical practitioners, social worker and the domestic abuse lead. Compliance is monitored by the learning and development team. The named professionals also participate in delivering training externally with the partnership. Staff are also encouraged to attend external study days which is provided by the Local Safeguarding Children Partnership and other external bodies. There are case study sessions and peer review sessions available for practitioners within the organisation. National cases are discussed in the joint committee meetings and information is shared within the organisation.

Rating



Actions

Action	Lead	Due
The safeguarding team to continue to deliver training on a regular basis and ensure that the organisation remains compliant with training levels.	safeguarding Team	17-07-2023

Evidence

File
1689065469_case study maternity Jan 23 ground round presentation march 23.pptx
1689065632_Peer review learning November 2021.pdf
1689066076_clinical governance presentation SCR learning 2022.pptx
Intercillegiate Document 2019.pdf
2022 VIRTUAL QOC (2).pptx
1689231752_Level 3 safeguarding training March 2023 PH (5).pptx

4.2 Senior Leader and managers are kept up-to-date with changes in statutory requirements and new, evidence-based, ways of working informed by research, including lessons learned from Local Child Safeguarding Practice Reviews, audits and good practice reviews. Findings are actioned and embedded into practice.

Response

Senior staff are able to access external conferences and study days. The named professionals are compliant with training at L4/5 and have attended NHS England Safeguarding and Leadership programmes. Senior staff disseminate information regarding new legislation and information via meetings and training sessions.

Rating



Actions

Action	Lead	Due
To continue to ensure that senior staff are up to date and attend relevant annual external study sessions/days and disseminate learning within the organisation.	safeguarding team	17-07-2023

Evidence

File
NHS England London Regional Safeguarding Newsletter - Summer 2023.pdf
1689066969_Information Modern Slavery Human Trafficking RR UpdateMarch22.pdf
L4 Training Certificate for Safeguarding FII Daisy Dholoo.pdf

Evidence

Evidence uploaded

4.3 Supervising managers ensure that any safeguarding training gaps identified in appraisal processes are filled.

Response

The safeguarding team review the training annually, changes are made according to National Reviews and any serious incident reviews that have been completed internally. Cases are presented at meetings and peer review sessions and local learning is incorporated into L3

training. Evaluation forms are sent to staff following training, these forms are evaluated and changes made to training as required.

Rating



Actions

Action	Lead	Due
The safeguarding team to continue to evaluate training. To ensure that managers are aware that compliance is captured in staff appraisals.	safeguarding Team/managers	17-07-2023

Evidence

File
Presentation 21-04-2023.pptx
Evaluation form Safeguarding training Induced fabricated illness 05 05 2022.docx

Evidence

Evidence uploaded

5.0 The organisation has recruitment and selection procedures for all personnel, including volunteers, which is in line with the London Child Protection Procedures / Working Together to Safeguard Children 2018

Response

Services that are contracted or commissioned in the organisation are Section 11 compliant, this is within their contracts and is reviewed regularly by HR. There is also service level agreement between the Trust and various contractors. Estates and Facilities all have DBS checks - identified through tender process procurement and audited by estates and Facilities. The organisation has clear written accountability framework. All staff understand to whom they are accountable and what level of accountability they have. There are processes in place to ensure safe recruitment. Pre-employment checks procedures are in accordance with NHS Employment Check Standards January 2013 and in keeping with the Vulnerable Groups Act 2005 and Protection of Freedoms Act 2012. These standards set out the legal and mandated requirements that must be carried out on all candidates prior to NHS employment. These standards apply to permanent staff, staff on fixed term contracts, temporary staff, volunteers, students, trainees, contractors, bank and agency staff. The checks required include: • Identification checks • Disclosure and barring checks • Professional registration • Qualification checks • Right to work • Employment history and reference checks • Occupational health checks • Licence to Practice (medical staff only) Relevant Trust

Policies • Pre-employment Checks Procedure • Policy on Disclosure and Barring Checks • Recruitment and Selection Policy which includes procedures for Disclosure and Barring Checks and Pre-employment checking procedure Routine monitoring of staff The Trust may re-check DBS disclosures on a priority basis, for example where a concern has been raised or where it is required for auditing purposes. Monitoring and Audit/ Quality Assurance Checks in place to ensure compliance with these policies include: Monthly workforce reports on professional registration for registered staff, work permits and missing NI numbers will be actioned by the Workforce Information Team where the reports identifies due date for renewal of registrations or permits. The HR team receive monthly new starter and DBS compliance reports detailing any records where DBS is not recorded / recorded at the incorrect level. The recruitment team will then go back into the records highlighted and make the relevant corrections. Retire and returns for non-medical staff old DBS transfer to their new records and this sits with the HR admin team. International staff would have their certificate of good standing recorded and ESR would be updated with the UK DBS information within the first three months of employment. the organisation is compliant with Section 11 of the Children Act 2004 Safer recruitment is recorded on a quarterly basis with the SHOF report, this is presented to partners at the safeguarding committee

Rating



Actions

Action	Lead	Due
To ensure that HR continue to report on references and DBS checks on a quarterly basis	HR/Safeguarding Leads	17-07-2023

Evidence

File
1689232948_Recruitment information on Intranet.docx
1689232989_Recruitment Selection Policy.pdf
1689233049_Q4 SHOF 2023.docx

Evidence

Evidence uploaded

5.1 All staff have been assessed to determine if they are in regulated activity and the relevant checks have been made including enhanced or standard DBS checks.

All organisations should make reference to the statutory or non-statutory guidance applicable to your sector.

Response

Documentation demonstrates that all staff involved in recruitment and selection have attended safer recruitment training. Staff undertake the training every three years. There are effective systems and procedures in place for managing complaints and allegations of abuse against staff and volunteers, including disciplinary procedures, which are in line with London Child Protection Procedures. There is a complaint policy which forms wider part of participant inclusion in asking for positive and negative feedback. Outcomes and lessons are fed back into practice and service plans for improvement. H.R will liaison with the Named professionals and local LADO when an allegation against a member of staff occurs. Complaint and allegation procedures are child orientated and adapted to their needs and understanding. There is also a PALS team where complaints are sent and dealt with. The senior paediatric team attend a weekly complaints meeting and all queries/complaints are discussed and a plan made for the response.

Rating



Actions

Action	Lead	Due
The safeguarding team to continue to meet weekly to discuss complaints and to respond in a timely manner	safeguarding team/complaints team	17-07-2023

Evidence

File
1689581382_Safeguarding allegations against staff policy June 2023.docx

Evidence

Evidence documented and uploaded

5.2. Staff involved in recruitment are suitably trained (at least one member on the short listing / interview panel have been on safer recruitment training).

Response

There is a member of staff in the recruitment panel who has undertaken recruitment training. Staff will update their training every three years.

Rating



Actions

Action	Lead	Due
To continue to implement members of staff to undertake recruitment training every three years	HR/Learning & Development Team/Safeguarding Team	17-07-2023

5.3. There are effective systems and procedures in place for managing complaints and allegations of abuse against staff and volunteers, including disciplinary procedures, which are in line with London Child Protection Procedures

Response

The allegations of abuse policy is in line with the London Safeguarding Children Procedures and applied when there is an allegation or concern that any person who works with vulnerable people in connection with their employment or voluntary activity, has: Behaved in a way that has, or may have, harmed a vulnerable person Possibly committed a criminal offence against, or in relation to, a vulnerable person; Behaved in a way that indicates they may pose a risk to a vulnerable person Behaved towards a vulnerable person in a way that indicates they are unsuitable to work with vulnerable people. Attempted to radicalise a vulnerable person (PREVENT) The serious incident framework defines the above as actual or alleged abuse, sexual abuse, physical or psychological ill treatment or acts of omission which constitute neglect, exploitation, financial or material abuse, self-neglect, domestic abuse, human trafficking & modern day slavery where- healthcare did not take appropriate action/ intervention to safeguard against such abuse occurring or- where abuse occurred during the provision of NHS funded care The LADO is contacted if there is an allegation is against a member of staff who works with children up to 18 years of age or the concern relates to offences against children. Where a similar allegation is made against a member of staff working in adult services the referral is discussed with the relevant adult social care department manager If the allegation has come from a child the narrative around this is adapted to ensure that it is documented as the child has given the information in their own words. The hospital ensures that children have access to various leaflets and posters are displayed in areas where children attend such as out - patients, paediatric ward, A&E and sexual health clinics. Posters and information is regularly reviewed and refreshed

Rating



Actions

Action	Lead	Due
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The safeguarding team to continue to ensure that information is available/displayed for children/young people. To continue to respond appropriately to any allegation made against staff.	safeguarding team	17-07-2023
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Evidence

File
1688737381_FREEDOM TO SPEAK UP.docx
1689233813_Safeguarding allegations against staff policy June 2023.docx

5.4. There is a designated person who allegations or concerns about staff are reported to.

Response

Any allegations against staff are escalated to the senior management and safeguarding team and then referred to LADO as per policy. There is an Executive Safeguarding Lead for the Trust and Safeguarding Team. If the allegation has come from a child the narrative around this is adapted to ensure that it is documented as the child has given the information in their own words. Staff are encouraged and supported to raise concerns with their line manager about any risks, wrongdoing or malpractice as per the Raising Concerns Policy. Members of the Safeguarding Team as well as other members of staff have received specific training in Freedom to speak up Champion Training and the Trust has a Freedom to Speak up Guardian. This group meets on a bi monthly basis.

Rating



Actions

Action	Lead	Due
The safeguarding team to respond appropriately and respond internally and externally to any allegation made against a member of staff. To ensure that whilst the investigation is taking place the member of staff is appropriately supported.	safeguarding Team	17-07-2023

Evidence

File
Safeguarding allegations against staff policy June 2023.pdf

File
1689675340_Raising Concerns (Whistleblowing) Policy – 29 Jun 2021 .pdf

5.5. There is a whistle-blowing procedure for all staff/volunteers who have concerns about poor practice.

Response

Chelsea and Westminster Healthcare NHS Foundation Trust is committed to achieving the highest possible standards of service for the benefit of patients and other service users. As part of that commitment anyone who works for the Trust is encouraged to raise concerns openly as part of normal day-to-day practice. When concerns are raised at an early stage, action can be taken to ensure high quality and compassionate care based on individual human rights. There is a group of Freedom to Speak up Champions across the Trust who are led by a Freedom to Speak up Guardian. The Trust recognizes that raising concerns, especially when concerns relate to the behaviour of colleagues and senior members of staff, can be difficult and for this reason putting in place processes that protect people from reprisal is central to the Raising concerns policy -attached

Rating



Actions

Action	Lead	Due
Review policies and guidelines regularly and continue to display posters regarding the Freedom of Speak up Champion.	safeguarding team	17-07-2023

Evidence

File
Raising Concerns (Whistleblowing) Policy – 29 Jun 2021.pdf

6.0. The organisation has a commitment to multi-agency working in Hounslow.

Response

The Trust is fully committed to multi-agency working and the Named professionals are fully involved in various sub-group meeting with the LSCP together with attendance at the local safeguarding children's partnership. Practitioners provide reports when requested to do so and

fully participate in reviews and learning with the LSCP. Examples of this include, undertaking audits, attendance at MARAC and pre birth meetings, rapid reviews, leaning events and joint training with Hounslow Multi agency colleagues. In addition there is attendance at the Early Help and Family planning strategic meetings There is a yearly challenge day that the named professionals attend, this is an opportunity where good practice is highlighted and challenges that we face are discussed. It is also a forum where partner agencies can challenge each other and differences in relation to thresholds and decision making is explored. Monthly psych social meetings are held with health social care perinatal MH, H/V, FNP and IDVA's An action list is sent out following the meeting -see attached below with patient details redacted but examples of actions A supportive signposting service was commenced in maternity during covid with purpose of linking in vulnerstable families to other supportive services. This was shortlisted for an RCM award and its has now been agreed to have this as a permanent feature for maternity units across NWL using the Family Information Services.

Rating



Actions

Action	Lead	Due
The named professionals to continue to participate at multi-agency meetings. They will continue to with in partnership with colleagues and provide reports/rapid reviews as requested	Safeguarding team	17-07-2023

Evidence

File
1689067421_Joint safeguarding agenda 25th April 2023 (2).doc
1689067585_HSCP Challenge Day - Effectiveness and Impact Template - Final (3).docx
PSYCHSOCIAL action list MASTER.docx
TOR MATERNITY SAFEGUARDING PSYCHOSOCIAL Meeting MASTER COPY vs.doc
SAFEGUARDING TEAM LSCP MEETING MAPPING.doc

6.1. Staff understand the roles and responsibilities of other organisations in relation to safeguarding.

Response

The team continue to emphasize the importance of multi agency working and information sharing through training and supervision as well as every day conversations on a day to day basis. There are systems in place to ensure that staff understand the need for accurate, clear multi agency working and care planning. This is also highlighted in case presentations at clinical governance, forums and meetings and case presentations. Audits are also undertaken during Trust Quality Rounds to test this knowledge and any areas that are identified as needing further support. Managers ensure that staff can discuss concerns about cases and they are able to access support from the safeguarding team. The consultant midwife has made excellent links with West London University and carries out safeguarding training together with domestic abuse training from the Trust DA co coordinator for the midwifery students. The latest CQC report for maternity in May 23 found that staff understood how to protect women and birthing people from abuse and the service worked well with other agencies to do so. Staff have had training on how to recognize and report abuse and know how to apply it. The service worked with two independent domestic abuse advocates at Chelsea and Westminster Hospital. Staff liaised with other agencies to co-ordinate care and kept clear records. Staff completed or arranged psycho social assessments and risk assessments for women and birthing people thought to be at risk of deteriorating mental health during pregnancy. The 'River' team provided a continuity of carer service for families with moderate to high risk safeguarding needs. The team was set up in August 2022 to provide a more individualized service and to improve liaison with external agencies such as the community perinatal mental health team and independent domestic violence advocates.

Rating



Actions

Action	Lead	Due
The safeguarding team to continue to champion safeguarding children and promote our roles and responsibilities.	safeguarding team	17-07-2023

Evidence

File
Safeguarding children, report of staff quiz.pdf
KRSCP Multi Agency Impact Audit TOOL K.doc
audit safeguarding training MATERNITY and paediatric audit June 22 (1).doc

7.0. Staff are clear on the principles of information sharing and understand their responsibilities to share information even without consent, when there are child protection concerns.

Response

Induction includes Child protection level 1 and 2 e-learning as well as face to face inductions for new doctors. Level of compliance reported into each department. Face to face meeting with the learning disabilities lead and safeguarding team during trust induction-this includes the importance of information sharing Safeguarding Levels 1&2 are undertaken via e learning and the Safeguarding Team provide two half days safeguarding level 3 training using a think family/ household approach children with input from domestic abuse co coordinator, social worker and paediatricians. Local Safeguarding Children Partnership training brochure is cascaded and staff are encouraged to attend, staff informed of study days via daily noticeboard and emails Safeguarding Team feedback to staff lessons learnt and recommendations from Practice Reviews. Information sharing is highlighted in safeguarding policies. All staff complete Information Governance training on a yearly basis. There are clear and robust safeguarding discharge safeguarding care plans for all women with social care involvement which are shared with any relevant agencies on discharge. Safeguarding team support staff to co ordinate these as and when required . Staff are aware that if they do not feel that appropriate action has been taken with regards to a case they escalate this to the safeguarding team or managers so the case can be reviewed and escalated further if needed

Rating



Actions

Action	Lead	Due
The team to continue to ensure that appropriate information sharing is maintained. Learning & Development to monitor compliance of IG training	Learning & development/Safeguarding Team	17-07-2023

Evidence

File
staff guidance DA WMUH 2020.pdf
Discharge planning meeting guidance.doc
agenda for SCL training day 19th march 2020.docx
New Safeguarding Pathway in Cerner May 2020 v2 vs.pptx

File
re audit safeguarding CSI CERNER 16.9 20 (2).doc FINAL.doc
1689263785_Peer review learning August 2021.pdf
safeguarding for postnatal leads FINAL.pptx

7.1 There is good communication between members of the organisation and external multi-agency partners about children where there are concerns. There is a system for ‘flagging’ and recording information about these children without breaching confidentiality

Response

Information governance and Safeguarding Training provides clear guidelines on the appropriate sharing of information and the need to ensure that the child’s safety and welfare is paramount. The information Governance Department are available for advice and support to Trust staff The safeguarding Children and Young People Safeguarding Policy has clear guidelines as to when information should be shared. This is reinforced in all levels of training. Information is only shared on a need to know basis. If staff are unsure, or have insufficient experience or lack confidence in relation to the sharing of information, they are informed in training that the Safeguarding Team should be contacted for support and guidance. The safeguarding team attend several meetings on a weekly basis, appropriate information is shared with relevant professionals Safety net meeting in paediatric and NNU areas Safeguarding huddles Bed meetings Doctors handovers Named professional attend daily doctors handovers and safety huddles and bed meetings Appropriate information sharing is reinforced and discussed during both ad hoc and planned supervision with particular emphasis on following up referrals that are made to any other agencies. The Specialist Midwives and Clinical Nurse Specialist review the referrals on a regular basis and ensure that all appropriate agencies have been informed. This is further discussed during the interagency meetings. This ensures appropriate and timely information sharing. The Safeguarding Team all use secure email addresses and are able to advise other staff members on secure electronic sharing of information. The updated systems within social care now allow for secure electronic method of referral which ensures a quicker referral process and secure sharing of information. These referrals are all copied into the Safeguarding Team email box which is then checked by the Safeguarding Team and each referral logged and reviewed. Both the Children’s and Maternity Safeguarding Teams have a safeguarding database which allows referrals to be tracked and have oversight as well as identifying themes within a safeguarding context to be identified. The electronic records contain a comprehensive safeguarding and alerts page and any safeguarding cases with a CP plan or Children Looked after is flagged. Monthly psycho social meetings are held for both maternity and children's-these are multi agency in nature and all safeguarding cases discussed and mins and any subsequent action list then circulated. The safeguarding team have the helicopter view of cases and ensure that timely safeguarding / discharge plans have been put in place.

Rating



Actions

Action	Lead	Due
The team to continue to advocate appropriate information sharing	safeguarding team	17-07-2023

Evidence

File
1689263949_TOR MATERNITY SAFEGUARDING PSYCHOSOCIAL Meeting MASTER COPY vs.doc
1689264269_New Safeguarding Pathway in Cerner May 2020 v2 vs.pptx
CP-IS QRG.docx
PSYCHSOCIAL action list MASTER (002).docx
1689265190_Perinatal mental health - important information to know WM site.docx
Safe guarding care plan MASTER COPY.doc
MARAC Form for CW Intranet_final.docx
1689265455_re audit safeguarding CSI CERNER 16.9 20 (2).doc FINAL.doc

7.2 Relevant organisational safeguarding information, data and outcomes quality assurance activity is made available to HSCP to support assurance and monitoring requirements.

Response

The team work in partnership with internal and external teams. Audits that are undertaken are presented at various partnership meetings. Complex cases are discussed at relevant partnership meetings. The partnership receives an Annual report and the quarterly SHOF report. The named professionals attend an annual challenge day, at this forum we share good practice throughout the year but also highlight any challenges we have had as an organisation. During the Covid -19 period the named professionals submitted an Assurance Report for the

partnership to demonstrate that safeguarding children remained forefront within the organisation.

Rating



Actions

Action	Lead	Due
The team to continue completing the Annual Report and sharing it with partnership agencies	safeguarding team	17-07-2023
The named professionals to attend the Annual Challenge Forum and highlight work undertaken within the organisation.	safeguarding team	17-07-2023

Evidence

File
HSCP Challenge Day Review of Business Plan 2019-21 template.docx
1689265563_HSCP Challenge Day - Effectiveness and Impact Template - Final (3).docx
Assurance Report for Safeguarding Effectiveness Sub-Group - 2021.docx
Annual Safeguarding Report - 2021-22 (1).pdf

Evidence

Evidence documented and uploaded

7.3 The organisation can ensure information on children and their family is accurate, up to date and kept confidential when appropriate.

Response

The organisation keep accurate records of all children/young people. The information is stored/recorded on an IT system which can only be accessed via individual log in using a smartcard. Information is only shared on a need to know basis. All staff are compliant with IG training on a yearly basis. Learning and Development monitor this and reminders for compliance are sent out to staff. There is regular training available from our legal department regarding information sharing. All court/police requests are forwarded to our legal team who will ensure

that appropriate information is shared.

Rating



Actions

Action	Lead	Due
L&D team to continue to monitor compliance with IG training. The team to promote in training the importance of keeping records accurate and secure	L&D team/safeguarding team	17-07-2023

Evidence

Evidence as documented

8.0 The organisations staff supervision policy supports effective safeguarding.

Response

The safeguarding team provide supervision to staff on a regular basis. There is also ad-hoc supervision available for staff. Staff can discuss concerns about cases, this gives the team an opportunity to support and guide them on the action to take. The safeguarding team will identify any themes that are highlighted and will feed this into training and/or escalate to the appropriate professional. Themes and concerns will also be discussed in relevant internal meetings.

Rating



Actions

Action	Lead	Due
The team to continue to provide regular supervision to staff and be available if ad-hoc supervision is required	safeguarding team	17-07-2023

Evidence

File
1689586334_Safeguarding Supervision Policy 2023.doc

Evidence

evidence documented and uploaded

8.1 There is an annual appraisal process which includes a review of each member of staff's role and their skills, competencies and knowledge around safeguarding children

Response

All staff have an annual appraisal which is completed by their line manager, a review of the staff members role and skills, competencies and knowledge regarding safeguarding children is discussed. If staff are non compliant with safeguarding children compliance this is highlighted by our learning and development team to the individual staff member but also to their line manager. This information is available on our internal system Qlik view and staff have access to this. All departments have a Practice Development Nurse who will monitor compliance on a regular basis within their area of the organisation.

Rating



Actions

Action	Lead	Due
To ensure that all staff continue to have annual appraisals and safeguarding training is completed this is mandatory	managers/safeguarding team/Practice Development Nurses	17-07-2023

Evidence

File
PDR Appraisal Conversation Template Final (2).docx

Evidence

Evidence documented

9.0. The organisation is linked into the HSCP, including contributing to the work of the partnership and sub-groups The representative(s) understand their role and how to communicate effectively to and from the organisation

Response

The named professionals attend and participate in several HSCP sub-groups. The practitioners are aware of their role and responsibilities and will contribute to the work of the partnership. There is effective communication between professionals and each member of the sub group are able to contribute and challenge within their teams. Relevant Information, outcomes from practice reviews is cascaded at internal meetings which is then shared within the organisation.

Rating



Actions

Action	Lead	Due
The Named professionals to continue to work and participate effectively with the partnership	safeguarding team	17-07-2023

Evidence

File
1689340883_HSCP Cases Sub-Group Agenda 08 03 23_FINAL.pdf
1689340887_HSCP Cases Sub-Group Agenda 08 03 23_FINAL.pdf
HSCP Board Agenda 16 05 23_FINAL.pdf

10.0 Organisational service plans are informed by the views of children and families.

Response

The hospital holds a Youth Forum which is attended by the play specialists this takes place every 3 months, at this meeting children are given the opportunity to share their experiences whether it was positive or negative and share views on how to improve the service provided. Children and families are also encouraged to complete the Friends and Family Test and the results from these are regularly reviewed and used to shape services. Staff are aware of equality & diversity issues in children and families Children with special needs have access to specific toys and may also have special lights in their room to meet their sensory needs. the Trust has a Learning disability and Autism lead who is an excellent resource in supporting staff across the Trust to ensure that families with additional needs are linked into the appropriate support and have the correct resources suited to their needs. A Patient Passport is given to children alongside their c The passport brings together all the information about them from their medical history, medications, what helps with communication and what they like and dislike. The patient can carry this Passport from ward to ward, appointment to appointment. Maternity services have recently been awarded a Capital Midwives Bronze award for their work around cultural safety and equality and diversity work. Cultural safety champions are in

place to facilitate embed, sustain and accelerate culturally safe practice within the service for all women, birthing people, their families and staff. Maternity cultural safety champions consist of staff working in the maternity unit and service users from the Maternity Voices Partnership. On Special Care Baby Unit iPads were purchased by the hospital charity so staff could communicate/face time with parents whilst their babies were patients and requiring medical support.

Rating



Actions

Action	Lead	Due
To continue to listen to children and families and make appropriate changes as required.	safeguarding team	17-07-2023

Evidence

File
1688651176_LD Leaflet.pdf
Maternity Learning Disabilities Guideline (Cross-site) v3 Jun 2023 (2).pdf
1689330940_Youth Forum Action Plan.docx
CW HOSPITAL YOUTH FORUM.pptx

Evidence

see attached evidence and narrative above

10.1 Children and families views are gathered early in the organisations contact and assessment process and inform outcomes.

Response

There is evidence that children and families views and wishes are listened to, there is evidence of this recorded in medical case records. Young people are spoken to directly regarding their care/treatment by practitioners, this is also recorded in their individual medical records. P21 and P22 in the CP Medical proforma (file attached) is specifically for children/young people.

Rating



Actions

Action	Lead	Due
To continue to ensure practitioners speak to children/young people and listen to their views and/or any concerns they may have.	safeguarding team	18-07-2023

Evidence

File
CP Medical Proforma 2023+.docx
1689331043_Youth Forum Action Plan.docx

Evidence

Evidence recorded and uploaded

10.2 Children are made aware of their right to be safe from abuse. Information is made available for children, young people and parents about where to go for help in relation abuse.

Response

There is information available on the paediatric ward and in the Emergency Department for children/young people informing them of their right to remain safe. There are Youth Forums that take place which allow young people to express their views, questions and perspectives, feedback is shared with practitioners and cascaded within the organisation. The paediatric ward is currently in the process of updating the young people information board. Information/posters from NSPCC, Kooth, Domestic Abuse and various relevant topics will be displayed for children and young people.

Rating



Actions

Action	Lead	Due
To continue to display information for children/young people	safeguarding team	18-07-2023

Evidence

File

1689329916_Youth Forum Action Plan.docx

Evidence

Evidence as documented

10.3 Children are listened to, taken seriously and responded to appropriately, including during individual case decision-making Response

Practitioners speak to children directly. The organisation is committed to listening to children/young people. The Trust employs Play Specialists and Art Therapists who are able to provide further opportunity to listen to children. Practitioners are sensitive with children who present to the organisation with Mental health issues. we have on-site CAMHS liaison nurses who will access the child/young person this also includes out-of-hours service. Children/young people who are admitted to the hospital are nursed 1:1 by an Registered Mental Health Nurse or Support worker. In the ED and paediatric ward there is a suitable separate safe room which is used for them. The play specialists run a forum for young people, at this forum young people are given the opportunity to express their views, experiences on the ward and any concerns they may have had. Appropriate changes are then made. Each day children/young people are given a choice as to what they would like for breakfast, lunch and dinner. Special diets are also available for any specific needs.

Rating



Actions

Action	Lead	Due
Practitioners to continues to listen to children/young people	safeguarding team	18-07-2023

Evidence

File

Youth Forum Action Plan.docx

Evidence

Evidence documented and uploaded.

Chelsea & Westminster Child Protection Medical Assessment Audit 2021-22

Chelsea & Westminster Cheyne Child Development Service offer to see children and young people (CYP) who may have been physically abused or neglected for medical assessments to help with Child Protection investigations undertaken by Children's Social Care (CSC).

Children are referred in by CSC involved in the following areas: Hammersmith & Fulham, South Kensington & Chelsea and South Westminster. Children from North Kensington & Chelsea and North Westminster are referred to the team at St. Mary's Hospital and these children are seen at Woodfield Road.

The last audit of this service was done for the period January – December 2016. The highlights of this data are:

Data set	Jan – Dec 2016				Sept 2021 – Sept 2022						
Total referrals	109				111						
LBHF	K&C	West	Other	86	13	10	0	69	23	17	1
Children seen	84 (77%)				81 (73%)						
Sibling groups					16						
Social worker present	71 (85%)				81 (100%)						
Police present	Unknown				Before July 2022: 2 (3%) After July 2022: 16 (94%)						
Chaperone present	Unknown				67 (87%)						
Medical opinion:											
Consistent with allegation	18 (21%)				25 (31%)						
Inconsistent with allegation	7 (8%)				39 (48%)						
Equivocal	59 (70%)				17 (21%)						
Investigations	8 (9.5%)				12 (15%)						
Medical photography	17 (20.2%)				34 (42%)						
Interviewed prior to medical	48 (57%)				7 (9%)						
Report sent within 10 days					70 (86%)						

Reasons for rejection (across both audits):

Out of area	4
CYP too old	3
GP to see	13
No allegation for CSA	2
Lack of information	2
Uncertain	3
Cancelled by SW	8
Historical allegation	4

Summary of findings (from 2016 audit):

- Siblings of index cases are taking up a lot of the child protection medical slots
- Is it indicated for them to have a full child protection medical in the hospital?
- In 37% no interview had been conducted prior to medical so difficulty in conducting assessment
- Named social worker who knows child and case not present at up to 34.6% of child protection medicals so often attending parent not aware of nature of medical and leads to conflict
- Medical opinion conclusive in only 30%
- Only 12% requiring medical investigations and 20% requiring medical photography.
- Time taken for the report to be sent out to Social services in less than acceptable time of 1 week in only 26.2%. This is partly reflection of SpRs's acute on call commitments.

In October 2020 the RCPCH published a document entitled 'Good practice service delivery standards for the management of children referred for child protection medical assessments' which is available on: <https://childprotection.rcpch.ac.uk/resources/service-delivery-standards/>

From September 2021 until September 2022 we re-audited our service in line with the previous audit and the RCPCH standards. The main standards of the RCPCH document and our responses are:

- 1. Health provider organisations work with local agencies to provide information for families, social care and police about child protection medical assessments for children of all ages in that geographical area.**
 - Written pathway (online or otherwise).
 - We do have a written pathway as part of our Child Safeguarding Policy which is available on the Intranet but not on the LSCP websites.
 - Clear instructions for referral.
 - We have shared the pathway with CSC in the past and there is a clear referral proforma for them to complete.
 - Information for children re: CP medical process in several languages.
 - We have a patient information leaflet for families but nothing specific for children.
- 2. Clinicians at the health provider organisation respond to requests for a child protection medical assessment in a timely fashion and following agreed, documented local processes.**
 - Medical within 24 hours of referral, timing based on clinical need. If not report via governance reporting system.
 - This will be covered in the analysis below.
 - Standard operating procedure outlining process for responding to CP medical request available on intranet.
 - The SOP and pathway are available on the Intranet as part of the Child Safeguarding Procedures.
 - Document decision in child health's record.
 - The Social Paediatric Co-ordinator documents the decisions in a spreadsheet but no on the child's record.
 - Clinician with appropriate expertise should be available during working hours to engage with partner agencies in a strategy discussion.
 - We have an on call rota of experienced SpRs and Consultants who can engage with partner agencies during working hours.
- 3. Child protection medical assessments are undertaken with appropriate consent.**
 - Informed written consent from person with PR and from Fraser competent CYP.
 - No medical is undertaken unless consent is provided.
 - Specific written consent for photography and usage.
 - We have introduced specific consent for this when the CP medical proforma was updated in.....
 - Specific written consent for radiological investigations.
 - If undertaking a skeletal survey parents must sign a consent form.
- 4. Child protection medical assessments are carried out and supervised by clinicians with appropriate competencies.**
 - Assessments carried out by ST4 doctors above with level 3 child protection competencies.
 - All children are seen by ST4 doctors and above.
 - Doctors need to adequate supervision, CPD and attend peer review meetings.
 - All doctors undertaking assessments are supported by a consultant colleague and cases are discussed at the peer review meetings every 2 months. All doctors are required to be up to date with their CPD and in particular level 3 child safeguarding.
- 5. Child protection medical assessments are carried out by clinicians with appropriate supervision.**

- Supervising senior clinician seeing visible findings and reviewing the report.
 - Consultants' job plans have not had sufficient time for them to be physically available to be there at CP medicals but SpRs are encouraged to arrange for medical photography so injuries can be reviewed later on.
 - All children should have named senior clinician responsible for CP opinion.
 - All SpRs are supervised by a consultant.
- 6. Child protection medical assessments are carried out with the support of an appropriate chaperone.**
- Named chaperone to be present with their name recorded on proforma.
 - This will be covered in the analysis that follows.
 - Chaperone should be qualified health professional.
 - All chaperones that are used are health care providers.
- 7. There is appropriate support for the child and family during child protection medical assessments.**
- Approved interpreters should be used and identified on the proforma. Should not be family members.
 - We routinely use Language Line to provide interpreter services and family members are not used.
 - Children should be asked who accompanies them to medical.
 - This may be something that is offered by CSC before the medical.
 - Support for children with disability.
 - We aim to provide this. There is a sensory room in the department and play therapy staff.
 - Carry out medicals in age and developmentally appropriate venues with appropriate privacy.
 - These are conducted in Paediatric Outpatients with the support of the nursing and play therapy staff.
- 8. The assessment, professional opinion and outcome resulting from a child protection medical assessment is clearly recorded and is communicated to the requesting professional as well as to the family and child as appropriate.**
- Use of standard proforma with body maps.
 - We use a standard proforma modelled on the RCPCH one.
 - Written provisional report to be handed on the day of the medical.
 - This was added as part of the new proforma on....
 - Comprehensive report dispatched to Social Care and Police within 10 days.
 - This will be covered in the analysis below.
 - Should be shared with GP and universal health services.
 - All reports are copied to CSC, CAIT, GP, HV/SN (as appropriate) and parents.
- 9. There is a managed process to obtain photographic documentation of all significant visible findings.**
- Photographs of significant visible findings should be taken.
 - We have an excellent Medical Illustration Department who can take quality photographs during working hours.
 - Should be standard that can be used in court.
 - They do meet thestandards required.
 - Not routinely sent with the report but can be requested via legal department.
- 10. Medical investigations, as part of a child protection medical assessment, are undertaken in line with available guidance.**
- Blood tests and radiology in line with RCPCH / RCR guidance.
 - We do follow the RCPCH/RCR guidance in these matters.
 - Access to ophthalmology, dental and forensic odontology as required.
 - We can request urgent access to ophthalmology and dental services in working hours but not forensic odontology which we ask the CAIT to request.
- 11. The child protection medical assessment service has a peer review process which is in keeping with national peer review guidance.**

- Peer review meetings carried out with feedback from Social Services.
 - We do have peer review meetings but attendance records and minutes are not kept. We may seek follow-up from CSC, CAIT or others.
 - Establish links with other health provider organisations to share opinion and practice.
 - We do not do this at the moment but this is something we can consider as part of West London Children’s Healthcare.
- 12. There is regular review of the quality of the child protection medical assessment service.**
- Regular audit and monitoring of service including feedback from service users.
 - Annual audits have not been done.
- 13. Clinicians undertaking child protection medical assessments are appropriately supported through their job plans, as well as having access to formal and informal emotional support, psychological support, legal support and personal security.**
- Allocated time in job plans / rota for undertaking medical assessments.
 - The SpRs have allocated time in their job plans but the Consultants do not. They receive 0.25 PAs for their supervision input.
 - Emotional and psychological support available to staff.
 - We do not have regular access to Psychology but could access it if there was a significant need. The SpRs should receive emotional and wellbeing support from the supervising consultant.
 - Legal advice if required.
 - We have a good working relationship with the Legal team which has been helpful in writing reports for court and giving advice about appearing in court.

The RCPCH Child Protection Service Delivery Standards Audit is now live and data collection will end on 30th June 2023.

In March 2022 due to lack of staffing we moved from a 5 days during the week service to a 3 day service with dedicated clinics on Monday, Wednesday and Friday. For Tuesdays and Thursdays Paediatric Consultants and SpR have provided advice and if the medical was deemed to be urgent the possibility of an urgent review in Paediatric ED could be discussed. This hasn’t been necessary.

In July 2022 the Police CAIT team advised us that they should attend every CP medical that they were involved in (i.e. not a single agency CSC investigation). This has been reflected in increased presence noted below.

Audit results from Sept 2021 – Sept 2022

Referral numbers:

Hammersmith & Fulham	69 (62%)
South Kensington & Chelsea	23 (21%)
Westminster	17 (15%)
Other	1 (1%)
TOTAL	111

Of these:

Before March 2022	48 (accepted 39 = 81%)
After March 2022	63 (accepted 42 = 67%)

Referrals accepted 81 (73%)

Reasons for rejection:

ABE interview prior to medical: 7 (9%)

Medical opinion:	
Yes (findings consistent with allegation)	25 (31%)
No (findings inconsistent with allegation)	39 (48%)
Total conclusive findings	64 (79%)
Inconclusive outcomes	17 (21%)

Investigations (of 84 seen):	
Done (blood tests)	12 (15%)

Medical photography (of 84 seen):	
Done	34 (42%)

Chaperone present:	
Yes	67 (87%)

Police present:	
Before July 2022	2 (3%)
After July 2022	16 (94%)

Reports sent out within 10 days:	70 (86%)
----------------------------------	----------

In summary:

We are referred approximately 100 children per year and approximately 80 are seen. Of these only 31% have marks consistent with the allegation.

We are seeing more social workers attending with families and now we have more chaperones to support the children and doctors during what can be a challenging assessment.

Now that CAIT have requested to be present at medicals where a joint investigation is ongoing we have seen an increased presence which initially caused some concern amongst the doctors but I gather this is going well and their presence is not adversely affecting the consultations.

We continue to see very low levels of ABE interview prior to medical assessments as there is now an expectation that these interviews can be arranged afterwards based on medical findings.

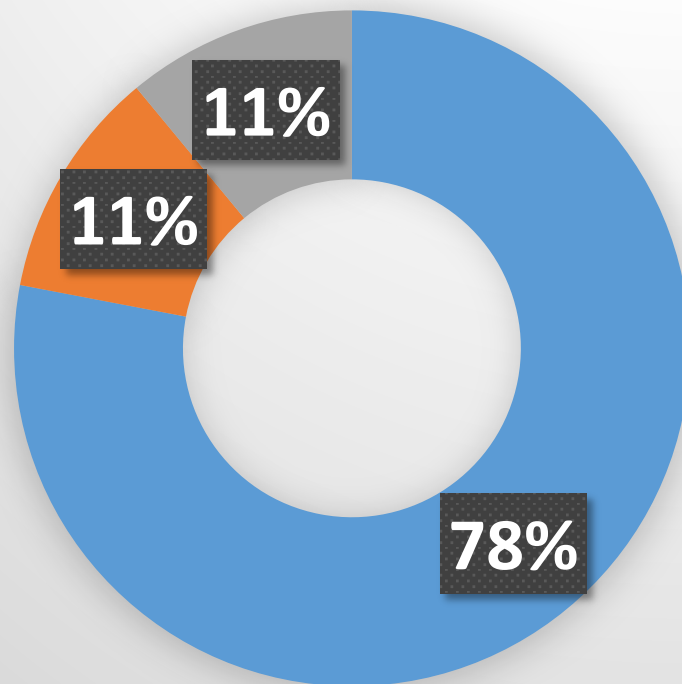
We are requesting investigations in approx. 15% of cases which is a slight increase compared with before.

We are also requesting more photographs to be taken which may reflect the equivocal nature of some injuries and the lack of Consultant presence to give a definitive opinion at the time. This also helps with discussing cases in our regular CP medical peer review meetings.

We are very timely with our reports and distribution which is pleasing to see. This often impacts on the workload of the doctors involved who may have to review and sign these electronically when not in work. This has been the subject of some discussion but the doctors do understand the rationale for this so that agencies can receive the reports in a timely manner. We are now using a one page handwritten summary which is handed to the Social Workers after the medical has been completed.

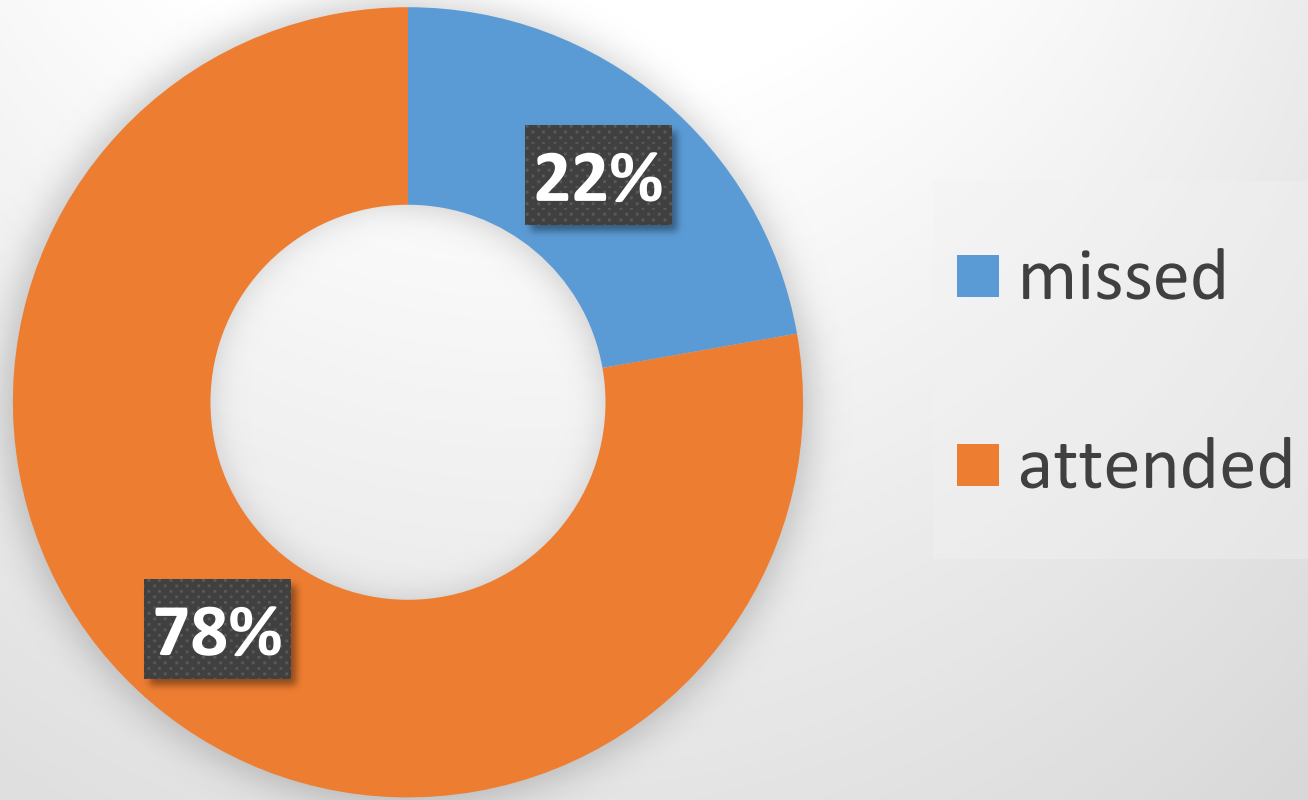
MACE data for health outcomes December 2022

Known to West London Children's Health Services

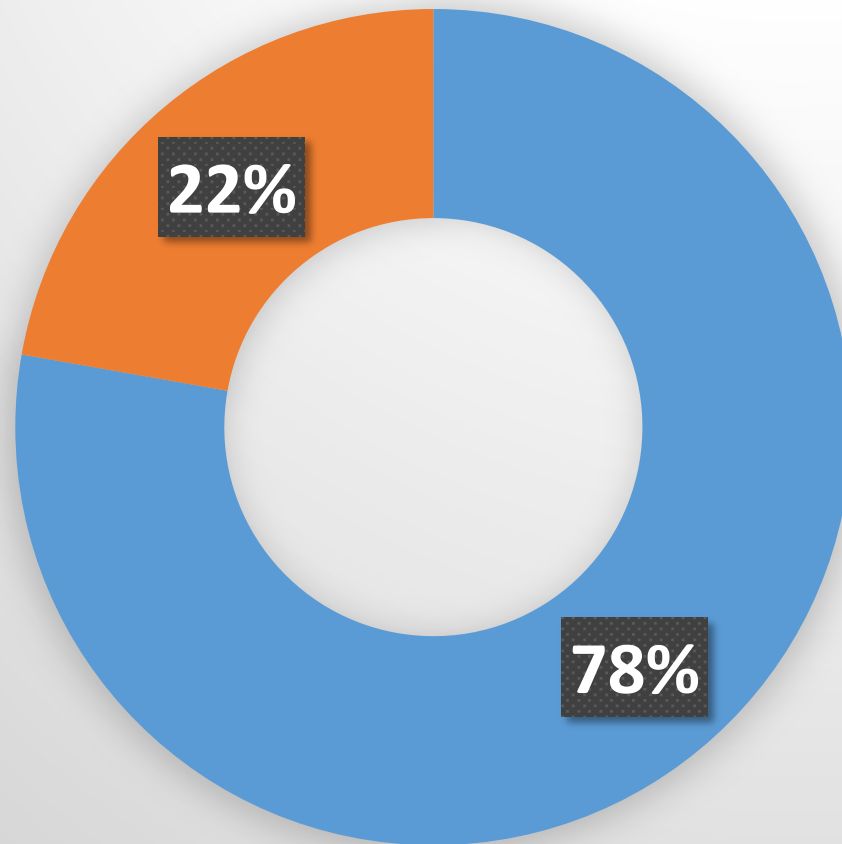


- Cases that are known to West London's acute health services
- Had no recent contact
- Not found on electronic records

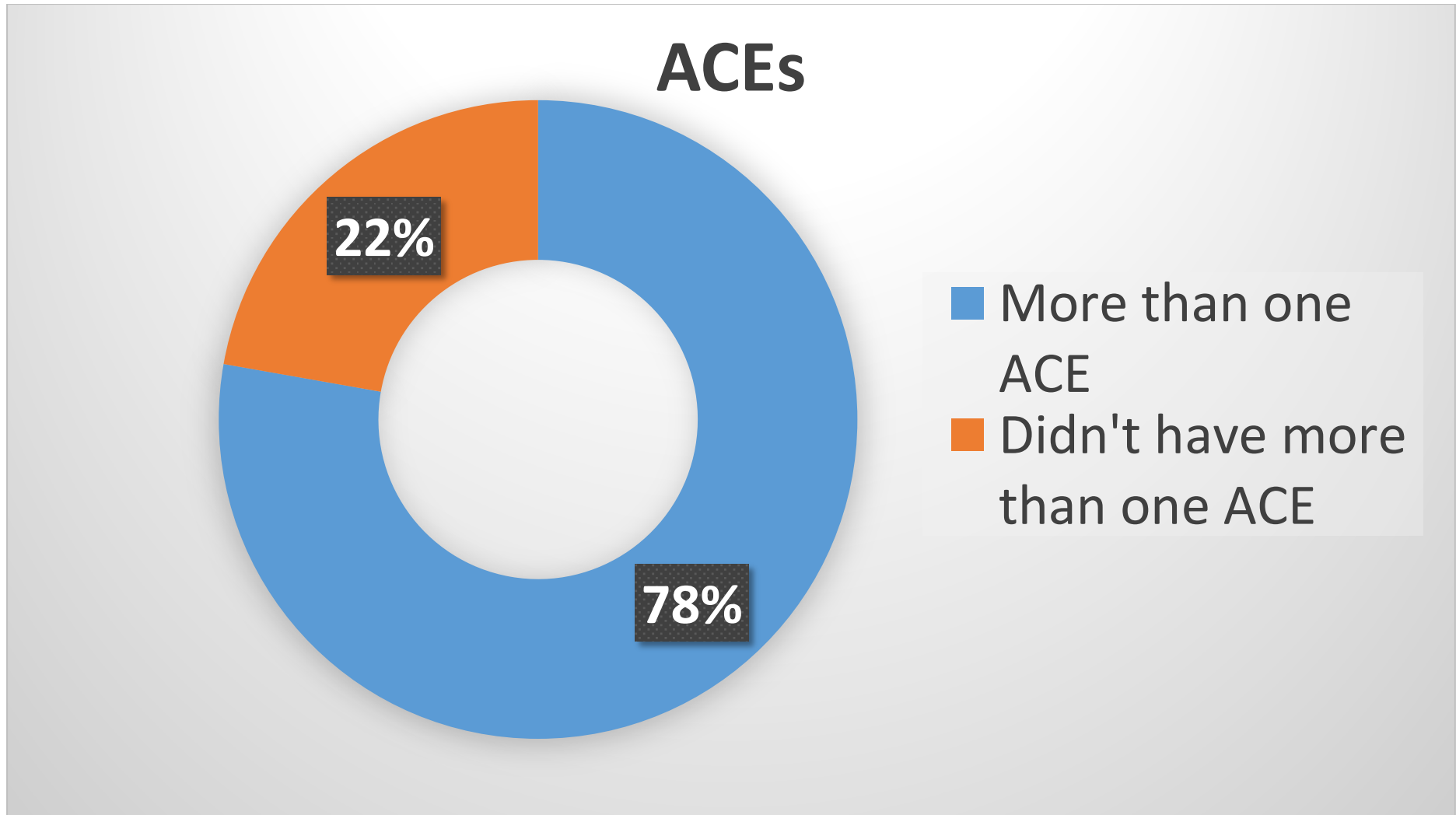
Missed Appointments



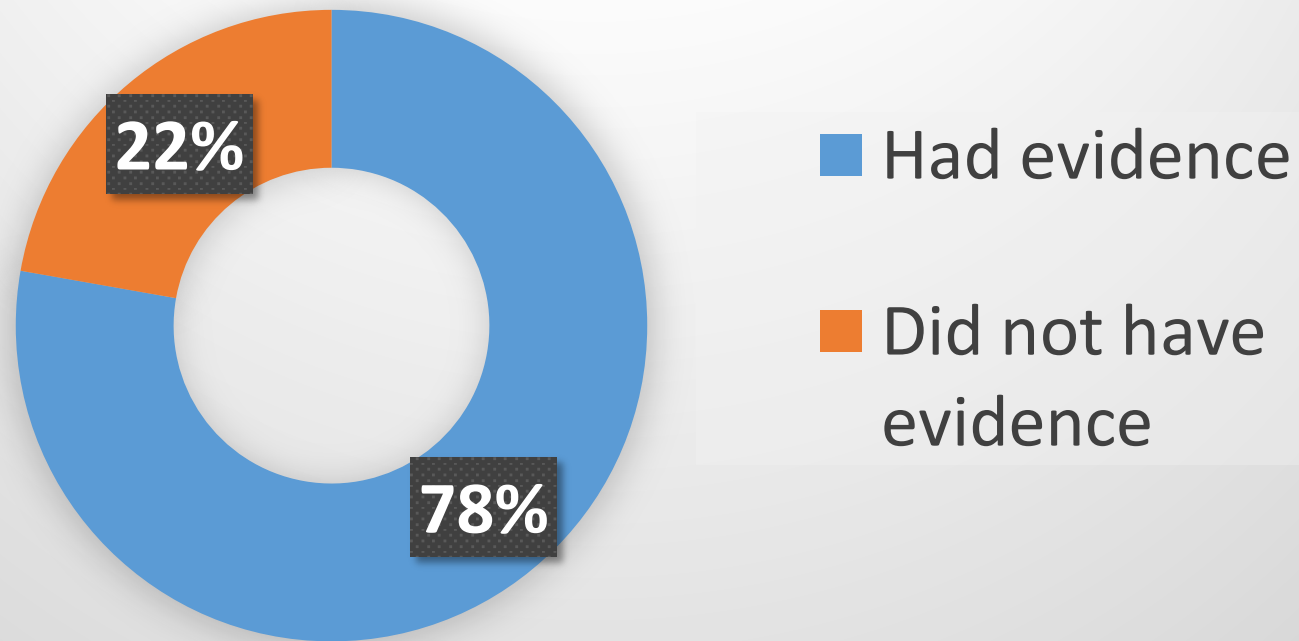
Missed Health Referral or Information Shares



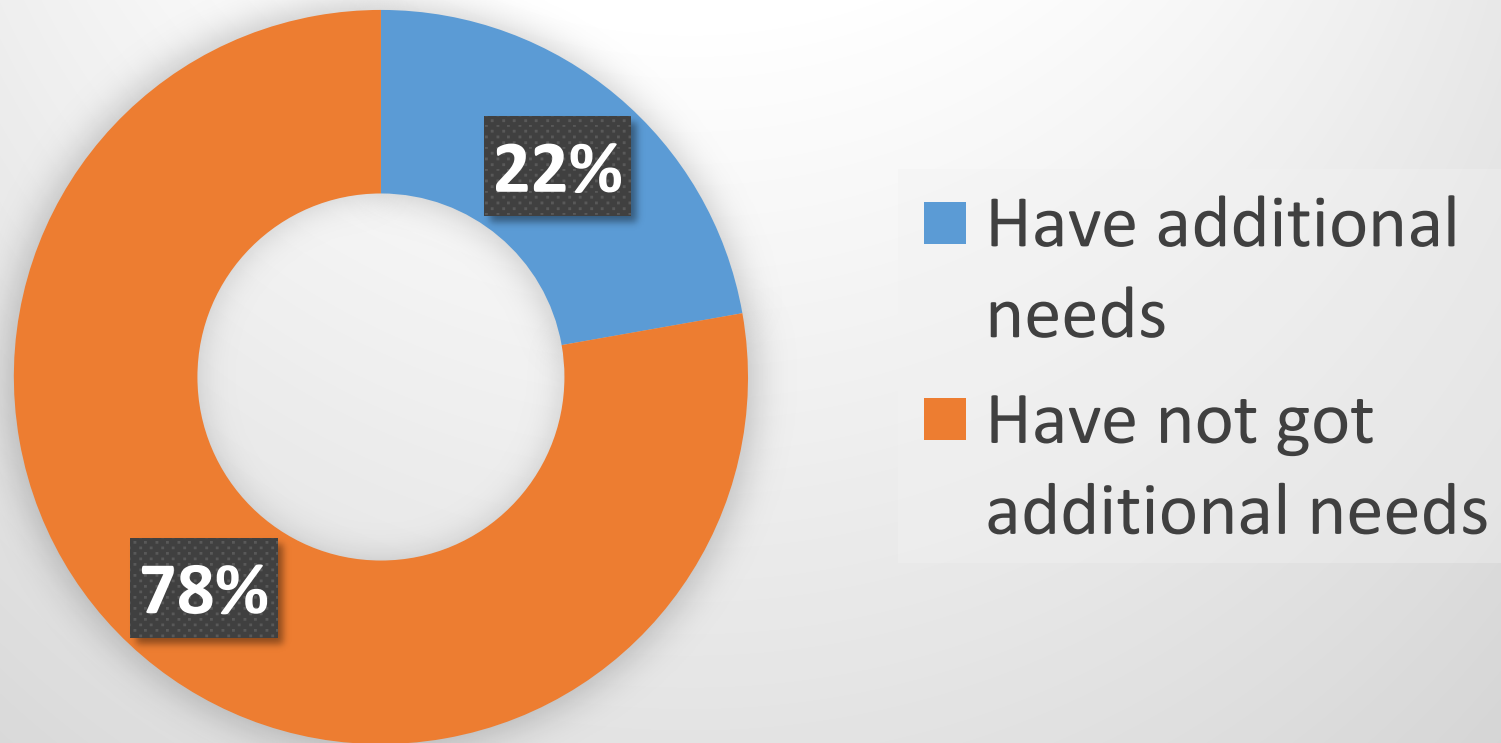
- Missed Referral or Information Shares
- Did not have missed referral or information shares



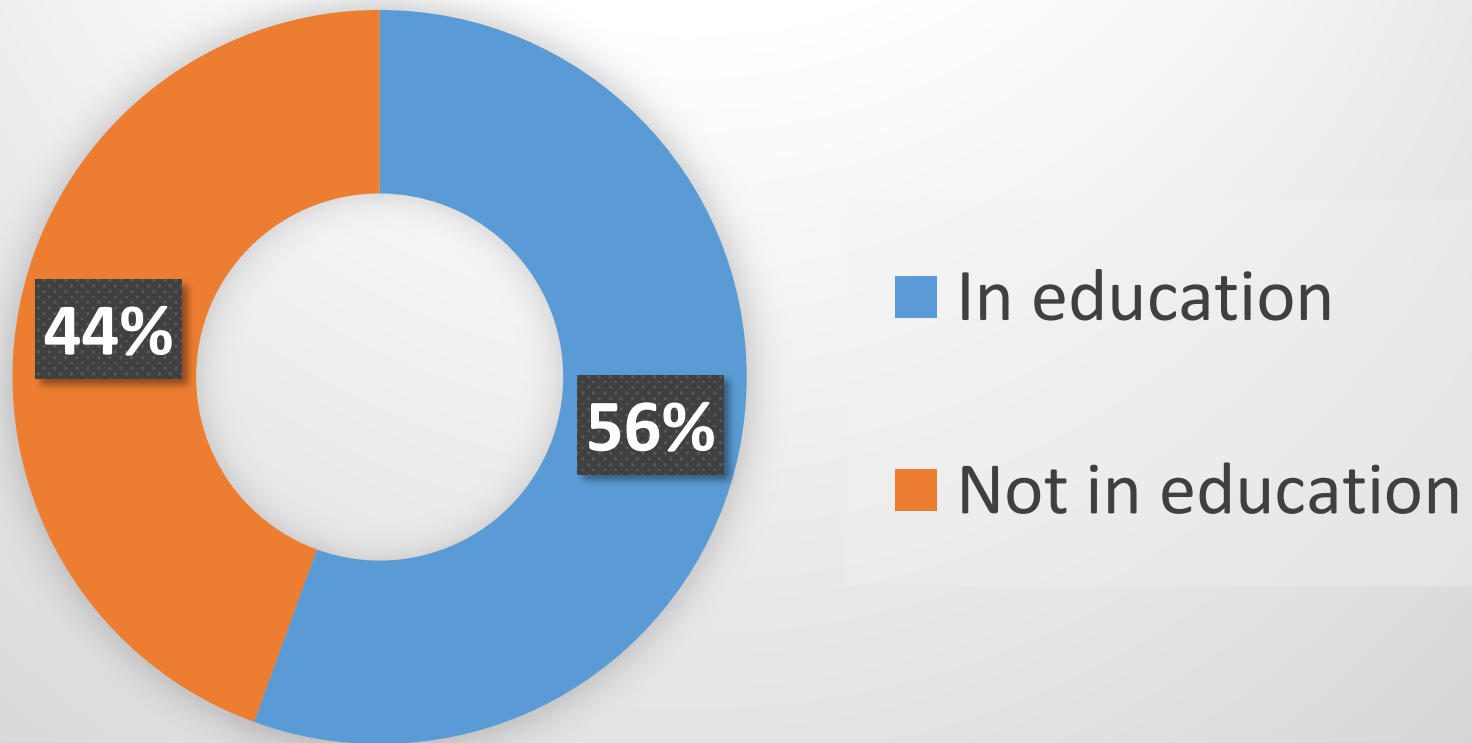
Good multi-disciplinary working documented in the records



Additional needs



Education



NRM (National Review Meeting) panel

